

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90428 037 \*\*\*\*61.25

**DOCUMENT # 735671**

1. Entity Name  
**GLADESMASTERS, INC.**



Principal Place of Business  
**10248 DORCHESTER DRIVE  
BOCA RATON, FL 33428**

Mailing Address  
**10248 DORCHESTER DRIVE  
BOCA RATON, FL 33428**

**50018238**



01252006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCCARTHA, GENE  
10248 DORCHESTER DRIVE  
BOCA RATON, FL 33428**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

**4/23/06**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KLINDT, SEAN	
STREET ADDRESS	7352 NW 38TH PLACE	
CITY - ST - ZIP	POMPANO BEACH, FL 33065	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	GRACE, KEVIN	
STREET ADDRESS	6425 EVANS STREET	
CITY - ST - ZIP	HOLLYWOOD, FL 33024	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ALEXANDER, JASON	
STREET ADDRESS	1960 S.W. 81ST WAY	
CITY - ST - ZIP	FORT LAUDERDALE, FL 33324	
TITLE	TT	<input type="checkbox"/> Delete
NAME	VALENTIN, CARLOS	
STREET ADDRESS	11607 NW 35TH COURT	
CITY - ST - ZIP	POMPANO BEACH, FL 33065	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Lippencott	
STREET ADDRESS	4240 NE 26th Avenue	
CITY - ST - ZIP	Lighthouse Point, FL 33064	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tim Cox	
STREET ADDRESS	4761 NE 13th Avenue	
CITY - ST - ZIP	Oakland Park, FL 33334	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jennifer McNulty	
STREET ADDRESS	4926 N.W. 52ND Court	
CITY - ST - ZIP	Tamarac, FL 33319	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/23/06**

Date

**561-488-1292**

Daytime Phone #