

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007 08:00 AM
Secretary of State

DOCUMENT # F00000005356

1. Entity Name
GLR, INC. FLORIDA DIVISION



Principal Place of Business

**3819 WYSE ROAD
DAYTON, OH 45414**

Mailing Address

**3819 WYSE ROAD
DAYTON, OH 45414**

DO NOT WRITE IN THIS SPACE



01122007 No Chg-P CR2E034 (11/05)

4. FEI Number 31-1211289	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SHOUP, GALE
121 COURT CINTESSA
ISLAMORADA, FL 33036**

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent on this page and on

STATE Registered Agent will be required upon reinstatement

U00000637728
02/26/07-80074-001-150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000637728
02/26/07-80074-002-8.75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SHOUP, GALE
STREET ADDRESS	121 COURT CONTESSA
CITY ST ZIP	ISLAMORADA, FL 33036
TITLE	VST
NAME	PETERS, ROLAND
STREET ADDRESS	7700 MARLON ROAD
CITY ST ZIP	COVINGTON, OH 45318
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-05-07 937-890-0510