


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

FILED

2004 MAY 21 PM 3:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # F02000000962</b> 1. Entity Name GLI MANAGEMENT, INC.	
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Principal Place of Business 944 STEVENS ROAD ROCKWALL, TX 75032	Mailing Address PO BOX 1239 ROCKWALL, TX 75087
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**DO NOT WRITE IN THIS SPACE**



03062003 No Chg-P CR2E034 (10/03)

4. FEI Number 75-2949291	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  
  
C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**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 and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	00037045884 05/24/04--01079--021 **558.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCD IRWIN, LORIE W 944 STEVENS ROAD ROCKWALL, TX 75032
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD IRWIN, GORDON R 944 STEVENS ROAD ROCKWALL, TX 75032
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*Ken 5/21*

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *Lorie W. Irwin* President 5/18/04 972.771-4240  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #