

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2005 8:00 am
Secretary of State

06-23-2005 90001 045 ***150.00
07-13-2005 90017 034 ***400.00

DOCUMENT # F03000005895	
1. Entity Name GLENMICHAEL CORPORATION	

Principal Place of Business 15 CAMBRIDGE TRACE ORMOND BEACH, FL 32174	Mailing Address 15 CAMBRIDGE TRACE ORMOND BEACH, FL 32174
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DO NOT WRITE IN THIS SPACE



03192005 No Chg-P CR2E034 (10/03)

4. FEI Number 27-0066900	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WILLITS, GLENDA L 15 CAMBRIDGE TRACE ORMOND BEACH, FL 32174	
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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 fee if applicable. (NOTE: Registered Agent signature required when renewing.) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPT WILLITS, MICHAEL F 15 CAMBRIDGE TRACE ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VVS WILLITS, GLENDA L 15 CAMBRIDGE TRACE ORMOND BEACH, FL 32174
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Glenda L. Willits, Secretary Glenda L. Willits 6/19/2005 (386) 673-2672
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #