

558.75

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # F05000006464					
1. Entity Name GLADES HOLDINGS CORPORATION					
Principal Place of Business 100 CRESCENT COURT SUITE 1200 DALLAS TX 75201			Mailing Address 100 CRESCENT COURT SUITE 1200 DALLAS TX 75201		
2. Principal Place of Business - No P.O. Box # 817 W. Peachtree St NW Suite, Apt. #, etc. 750 City & State Atlanta GA Zip 30308 Country USA		3. Mailing Address 817 W. Peachtree St NW Suite, Apt. #, etc. 750 City & State Atlanta GA Zip 30308 Country USA		FILED 08 SEP 15 PM 1:06 FLORIDA DEPARTMENT OF STATE 2nd MOORE CR2E034 (4/08)	
4. FEI Number 20-3609112				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent BSPA CORPORATE SERVICES, INC. 350 E. LAS OLAS BLVD. SUITE 1000 FT. LAUDERDALE FL 33301	
7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 DUE BY September 3, 2008 Make Check Payable to Florida Department of State			5.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>		
9. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution. <input type="checkbox"/>			10. OFFICERS AND DIRECTORS		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			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 information.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D <input type="checkbox"/> Delete NAME ARMES, JOSEPH B STREET ADDRESS 100 CRESCENT COURT, SUITE 1200 CITY-ST-ZIP DALLAS TX 75201			TITLE CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME WILLIAM K. DODD STREET ADDRESS 817 W. Peachtree St NW Ste 750 CITY-ST-ZIP Atlanta, GA 30308		
TITLE P <input checked="" type="checkbox"/> Delete NAME SAVOLDELLI, PAUL B STREET ADDRESS 100 CRESCENT COURT, SUITE 1200 CITY-ST-ZIP DALLAS TX 75201			TITLE CONTROLLER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME STEVEN HICKEY STREET ADDRESS 817 W. Peachtree St NW Ste 750 CITY-ST-ZIP Atlanta, GA 30308		
TITLE VP <input checked="" type="checkbox"/> Delete NAME PERAZA, HENRY STREET ADDRESS 100 CRESCENT COURT, SUITE 1200 CITY-ST-ZIP DALLAS TX 75201			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP 8/29/15		
TITLE VP <input type="checkbox"/> Delete NAME TOOMBS, BOB STREET ADDRESS 100 CRESCENT COURT, SUITE 1200 CITY-ST-ZIP DALLAS TX 75201			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP 400135964124 03/16/08--01013--025 **1656.25		
TITLE VP <input checked="" type="checkbox"/> Delete NAME BESOSA, RANDY STREET ADDRESS 100 CRESCENT COURT, SUITE 1200 CITY-ST-ZIP DALLAS TX 75201			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP 404 645 4449		
TITLE S <input checked="" type="checkbox"/> Delete NAME TOOMBS, KAREN STREET ADDRESS 100 CRESCENT COURT, SUITE 1200 CITY-ST-ZIP DALLAS TX 75201			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP 8/30/8		
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR STEVEN D HICKEY DATE 8/30/8					