

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000005833

Entity Name: GLEN BRIAR, INC.

FILED
Mar 28, 2007
Secretary of State

Current Principal Place of Business:

P.O. BOX 540
SOPCHOPPY, FL 32358

New Principal Place of Business:

730 WOODLAKE RD.
SOPCHOPPY, FL 32358

Current Mailing Address:

P.O. BOX 540
SOPCHOPPY, FL 32358

New Mailing Address:

FEI Number: 36-2431319

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALCOMSON, PETER
730 WOODLAKE RD.
SOPCHOPPY, FL 32358 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: MALCOMSON, PETER
Address: 730 WOODLAKE RD.
City-St-Zip: SOPCHOPPY, FL 32358

Title: VSD () Delete
Name: MALCOMSON, SANDRA
Address: 730 WOODLAKE RD.
City-St-Zip: SOPCHOPPY, FL 32358

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER MALCOMSON

PTD

03/28/2007

Electronic Signature of Signing Officer or Director

Date