

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G46183

Entity Name: WILLIAM GLOVER, INC.

**FILED**  
**Jan 12, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

286 N BABCOCK ST  
MELBOURNE, FL 32935 US

**New Principal Place of Business:**

**Current Mailing Address:**

286 NORTH BABCOCK ST  
MELBOURNE, FL 32935 US

**New Mailing Address:**

FEI Number: 59-2300274

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GLOVER, PATRICIA L VSD  
286 N BABCOCK STREET  
MELBOURNE, FL 32935 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: GLOVER, WILLIAM  
Address: 286 N BABCOCK STREET  
City-St-Zip: MELBOURNE, FL

Title: VSD  
Name: GLOVER, PATRICIA  
Address: 286 N BABCOCK STREET  
City-St-Zip: MELBOURNE, FL

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA GLOVER

VP

01/12/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date