


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90044 023 ***150.00

DOCUMENT # G94946
 1. Entity Name
AMBER GLADES, INC.



Principal Place of Business
**3113 STATE ROAD 580,
 SAFETY HARBOR, FL 34695**

Mailing Address
**3113 STATE ROAD 580,
 #107
 SAFETY HARBOR, FL 34695**

20001030



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

01042005 Chg-P CR2E034 (10/03)

4. FEI Number
59-2497828

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JOSEPH, JUSTIN G
 1266-S PINELLAS AVENUE
 TARPON SPRINGS, FL 34689**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

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	PD	<input type="checkbox"/> Delete
NAME	CHESK, WILLIAM	
STREET ADDRESS	3113 STATE ROAD 580 #398	
CITY-ST-ZIP	SAFETY HARBOR, FL 34695	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROSS, DANIEL	
STREET ADDRESS	3113 ST RD 580 #77	
CITY-ST-ZIP	SAFETY HARBOR, FL 34695	
TITLE	D	<input type="checkbox"/> Delete
NAME	EHRICH, BENN	
STREET ADDRESS	3113 S R 580 #381	
CITY-ST-ZIP	SAFETY HARBOR, FL 34695	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DES JARDINS, SHARON	
STREET ADDRESS	3113 STATE ROAD 580 #95	
CITY-ST-ZIP	SAFETY HARBOR, FL 34695	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PEHL, GERNARD	
STREET ADDRESS	3113 ST RD 580 #107	
CITY-ST-ZIP	SAFETY HARBOR, FL 34695	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCATURRO, TOM	
STREET ADDRESS	3113 ST RD 580 #101	
CITY-ST-ZIP	SAFETY HARBOR, FL 34695	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEHL, BERNARD
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Bernard P. Pehl
BERNARD P. PEHL

Date: 1/5/05 Daytime Phone #: (727) 791-7027