## **2008 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**

DOCUMENT # H11709 1. Entity Name

**GLADES GAS & ELECTRIC CORPORATION** 

FILED Apr 28, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

5 WEST AVE A

BELLE GLADE, FL 33430

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BELLE GLADE, FL 33430 US



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CR2E034 (11/05) 04182008 No Chg-P

4. FEI Number 59-2524680 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCCARTHY, DENNIS J. 5 WEST AVENUE A BELLE GLADE, FL 33430

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	The above named entity submits this statement for the p the obligations of registered agent.	urpose of changing its registered office or registered agent, c	r both, in the State of Florida. I am familiar with, and accept							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating).										
	FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution.   \$5.00 May B Added to Fees	<b>в</b>							
10	. OFFICERS AND DIREC	TORS	•							

TITLE MCCARTHY, KAREN NAME STREET ADDRESS 1150 SE 18TH ST BELLE GLADE, FL 33430 CITY-ST-ZIP TITLE NAME MCCARTHY, DENNIS 5 WEST AVENUE A STREET ADDRESS CITY-ST-ZIP BELLE GLADE, FL TITLE NAME STREET ADDRESS CITY - ST - ZIP

U00000926895 05/20/08-80085-004 150.00

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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 like empowered

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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY+ST-ZIP

SIGNING OFFICER OR DIRECTOR

Dennis J. McCarthy

561-996-3046

Daylime Phone #