## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # H15963**

1. Entity Name

GLACE & COMPANY, INC.



FILED Feb 19, 2007 08:00 AN Secretary of State

Principal Place of Business

1006 N. FEDERAL HWY. LAKE WORTH, FL 33460 Mailing Address

1006 N. FEDERAL HWY. LAKE WORTH, FL 33460



## DO NOT WRITE IN THIS SPACE

01042007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For S9-2442596 Not Applicable

5. Certificate of Status Desired S8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GLACE, RUSSELL E. 1006 N. FEDERAL HWY. LAKE WORTH, FL. 33460

## DO NOT WRITE IN THIS SPACE

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 it applicable. (NOTE: Registered Ag				required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finant     Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRE	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GLACE, RUSSELL 333 MONCEAUX RD. WEST PALM BEACH, FL 33405				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O GLACE, DEBORAH JOYCE 333 MONACEAUX RD. WEST PALM BEACH, FL 33405				U00000640531 02/28/07-80070-014 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			:	IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			_		

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.

SIGNATURE:

BIGNATURE AND TYPED OR PRINTED HAME OF EXHING OFFICER OR DIRECTOR

2-13-07

561-585-5564

Daytime Phone #