

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H94573

FILED
Apr 10, 2006
Secretary of State

Entity Name: GLENN'S MICROWAVE SERVICE, INC.

Current Principal Place of Business:

1512 WHITLOCK AVE.
JACKSONVILLE, FL 32211

New Principal Place of Business:

Current Mailing Address:

1512 WHITLOCK AVE
JACKSONVILLE, FL 32211 US

New Mailing Address:

FEI Number: 59-2622731

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICE, LEONARD GLENN
1512 WHITLOCK AVE.
JACKSONVILLE, FL 32211 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: PDT () Delete
Name: RICE, LEONARD GLENN,
Address: 1512 WHITLOCK AVE.
City-St-Zip: JACKSONVILLE, FL 32211

Title: T () Delete
Name: RICE, MAUREEN A.,
Address: 1512 WHITLOCK AVE
City-St-Zip: JACKSONVILLE, FL 32211

Title: VP () Delete
Name: RICE, BRIAN G.
Address: 1512 WHITLOCK AVENUE
City-St-Zip: JACKSONVILLE, FL 32211

Title: S () Delete
Name: RICE KLEE, LORI J.
Address: 1512 WHITLOCK AVENUE
City-St-Zip: JACKSONVILLE, FL 32211

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: MAUREEN A. RICE

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04/10/2006

Electronic Signature of Signing Officer or Director

Date