2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** DOCUMENT # J72118 Jan 29, 2007 08:00 AM **Secretary of State** GLEN BRANDT, INC. Principal Place of Business Mailing Address 721 9TH STREET E BRADENTON FL 34208 721 9TH STREET E BRADENTON FL 34208 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suito, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-2787311 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desirod Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo BRANDT, GLEN Street Address (P.O. Box Number is Not Acceptable) 721 9TH STREET E **BRADENTON FL 34208** 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and little it applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DPC ши ☐ Change ■ Addition ☐ Delete Tall BRANDT, GLEN U000000611074 NAMI NAMI 721 9TH STREET E 02/02/07-80047-020 150.00 STREET ADDRESS SHALL ADDRESS **BRADENTON FL 34208** CHY-ST-7IP CITY-ST-ZIP Delete Change ☐ Addition NAMI. NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-SI-ZIP ☐ Change Addition ☐ Defete THEF THE NAMI NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUTY-ST-7IP Delete ☐ Change ☐ Addition NAMI NAMI STRUCT ADDRESS STREET ADDRESS CHY-ST-ZIP CITY ST-702 Delete Change ☐ Addition TITLE NAMI" STALL'T ADORESS STREET LADDRESS CHY-S1-7IP CITY-ST-ZIP unr ☐ Change Addition ☐ Delete ШЕ NAMI NAMI' STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-7/P 12. I heroby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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

SIGNATURE