

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90064 043 ***150.00

40048444



03292007 Chg-P CR2E034 (12/06)

DOCUMENT # J81141	
1. Entity Name GLOMASTER SIGN CO., INC.	



Principal Place of Business 3416 INDUSTRIAL 31ST ST. FT. PIERCE, FL 34946	Mailing Address 3416 INDUSTRIAL 31ST ST. FT. PIERCE, FL 34946
---	---

2. Principal Place of Business - No P.O. Box # 3311 Industrial 25th St.	3. Mailing Address 3311 Industrial 25th St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State FT. Pierce, FL	City & State FT. Pierce, FL
---------------------------------------	---------------------------------------

Zip 34946	Country USA	Zip 34946	Country USA
---------------------	-----------------------	---------------------	-----------------------

6. Name and Address of Current Registered Agent HART, JAMES M 1639 B LAUREL LEAF LANE FT. PIERCE, FL 34954	
4000 Delaware Ave. FT. Pierce, FL 34947	

4. FEI Number 59-2826802	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input type="checkbox"/> Delete	TITLE HART, JAMES M.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HART, JAMES M.		NAME HART, JAMES M.	
STREET ADDRESS 1639 B LAUREL LEAF LANE		STREET ADDRESS 4000 Delaware Ave.	
CITY-ST-ZIP FT. PIERCE, FL 34950		CITY-ST-ZIP FT. Pierce, FL 34947	
TITLE S	<input type="checkbox"/> Delete	TITLE HART, REBECCA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HART, REBECCA		NAME HART, REBECCA	
STREET ADDRESS 1639 B LAUREL LEAF LANE		STREET ADDRESS 4000 Delaware Ave.	
CITY-ST-ZIP FT. PIERCE, FL 34950		CITY-ST-ZIP FT. Pierce, FL 34947	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: **Rebecca Hart** **REBECCA HART SEC.** 3/29/07 772-444-0718
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #