

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Mar 28, 2008 08:00 AM  
Secretary of State**

**DOCUMENT # J84839**

1. Entity Name  
**GLOVER'S AUTOMOTIVE SERVICES, INC.**



Principal Place of Business  
**3396 HIGHWAY 71 NORTH  
MARIANNA, FL 32446**

Mailing Address  
**3396 HIGHWAY 71 NORTH  
MARIANNA, FL 32446**



01172008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1825692**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**GLOVER, NEIL  
4076 BRYAN STREET  
GREENWOOD, FL 32344**

**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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**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 Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	GLOVER, NEIL
STREET ADDRESS	5214 FORT RD
CITY-ST-ZIP	GREENWOOD, FL
TITLE	VP
NAME	HATHAWAY, MICHAEL
STREET ADDRESS	2311 CORNSILK ROAD
CITY-ST-ZIP	MARIANNA, FL
TITLE	ST
NAME	GLOVER, GWEN
STREET ADDRESS	3265 AZALEA ROAD
CITY-ST-ZIP	MARIANNA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000872181  
04/10/08-80028-012 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #