2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 09, 2008 08:00 All Secretary of State DOCUMENT # K25199 1. Entity Name GLENWOOD HOMES, INC. Principal Place of Business Mailing Address 4710 MAIO MARIAN LN. 4710 MAIO MARIAN LN. SARASOTA FL 34232 US SARASOTA FL 34232 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State Applied For 4. FEI Number 65-0065266 Not Applicable Ζıp Country Ζıp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROSENBERG, HAROLD J Street Address (P.O. Box Number is Not Acceptable) 4710 MAID MARIAN LN. SARASOTA FL 34232 City Zip Code 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 coligations gistered age SIGNATURE GYOTE: Registered Agent signature required whon reinstatings DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Centribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change TITLE DILE ☐ Detete ☐ Addition NAME ROSENBERG, HAROLD J. NAME U00000887549 04/21/08-80024-021 150.00 4710 MAID MARIAN LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34232 CITY-ST-ZIP TITLE ☐ De-ele TITLE ■ Addition ☐ Change NAME ROSENBERG, JOAN D. NAME STREET ADDRESS 4710 MAID MARIAN LANE STREET ADDRESS OITY - ST-712 SARASOTA FL 34232 CITY-ST-ZIP TORE ☐ Derete HITE Change Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DITY-ST-7IP ☐ Delete TITLE THEE ☐ Change Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP ☐ Defete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITUE ☐ Detete TITLE Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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; thiet 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.

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes I further certify that the information

SIGNATURE: Joan D. Kosenberg 4