

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 02, 2007 08:00 AM
Secretary of State**

DOCUMENT # K35926

1. Entity Name
GLADES TRUCK ICE, INC.



Principal Place of Business

**C/O KIRBY T. NORMAN
1501 SOUTH MAIN ST., POB 1840
BELLE GLADE, FL 33430 US**

Mailing Address

**C/O KIRBY T. NORMAN
1501 SOUTH MAIN ST. P.O.B. 1840
BELLE GLADE, FL 33430 US**



01312007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FBI Number
65-0080191

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NORMAN, KIRBY T.
201 N.E. 6TH STREET
BELLE GALDE, FL 33430**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
NORMAN, KIRBY T.
201 NE 6TH ST
BELLE GLADE, FL 33430**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
NORMAN, DEBRA
201 NE 6TH ST
BELLE GLADE, FL 33430**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

1100000653630
03/13/07-80029-019 150.00

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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: Debra L. Norman Debra L. Norman 2/14/07 561-496-7710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #