2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2009
Secretary of State

DOCUMENT# K35926

Entity Name: GLADES TRUCK ICE, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

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

Current Mailing Address:

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

New Mailing Address:

C/O KIRBY T. NORMAN
P.O.BOX 1840
BELLE GLADE, FL 33430 US

FEI Number: 65-0080191 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DVP ( ) Delete
Name: NORMAN, KIRBY T.,
Address: 201 NE 6TH ST
City-St-Zip: BELLE GLADE, FL 33430

Title: DST ( ) Delete
Name: NORMAN, DEBRA,
Address: 201 NE 6TH ST
City-St-Zip: BELLE GLADE, FL 33430

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIRBY T. NORMAN PRES 02/02/2009

Electronic Signature of Signing Officer or Director Date