# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 23, 2011**
**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
BELLE GLADE, FL 33430 US

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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

**OFFICERS AND DIRECTORS:**

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

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

I hereby 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 all other like empowered.

SIGNATURE: KIRBY NORMAN PRES 02/23/2011

Electronic Signature of Signing Officer or Director Date