


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2004 08:00 AM
Secretary of State

DOCUMENT # K93328 1. Entity Name GLADES HOTEL CORPORATION	
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Principal Place of Business 1100 LINTON BLVD. STE. C-9 DELRAY BEACH, FL 33444 US	Mailing Address 1000 MARKET STREET BLDG 1 PORTSMOUTH, NH 03802 US
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DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0123186	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

CRITCHFIELD, RICHARD H.
1745 NORTH CONGRESS AVE
BOYNTON BEACH, FL 33426

**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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000092006
03/18/04-80031-023 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BERGER, ANDREW 1100 LINTON BLVD., STE. C-9 DELRAY BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V GREENE, DOUGLAS 1000 MARKET STREET BLDG 1 PORTSMOUTH, NH
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MCMURRAIN, THOMAS T. 1100 LINTON BLVD., STE. C-9 DELRAY BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #