


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2005 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



01032005 No Chg-P CR2E034 (10/03)

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

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
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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 _____ (NOTE: Registered Agent signature required when refiling)
Signature, typed or printed name of registered agent and title if applicable. DATE _____

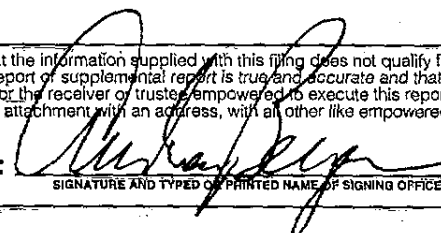
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P 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**

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04/26/05-80063-011 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **Andrew Berger** 1/31/05 (561) 279-9900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #