

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2007 08:00 AM
Secretary of State

DOCUMENT # K93328

1. Entity Name
GLADES HOTEL CORPORATION



Principal Place of Business

**1001 E ATLANTIC AVE
STE. 202
DELRAY BEACH, FL 33483 US**

Mailing Address

**1000 MARKET STREET
BLDG 1
PORTSMOUTH, NH 03802 US**

DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0123186

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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**

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**

000000676350
03/30/07-80056-002 150.00

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **BERGER, ANDREW**
STREET ADDRESS **1001 E ATLANTIC AVE**
CITY-ST-ZIP **DELRAY BEACH, FL 33483**

TITLE **V**
NAME **GREENE, DOUGLAS**
STREET ADDRESS **1000 MARKET STREET BLDG 1**
CITY-ST-ZIP **PORTSMOUTH, NH**

TITLE **S**
NAME **MCMURRAIN, THOMAS T.**
STREET ADDRESS **1001 E ATLANTIC AVE**
CITY-ST-ZIP **DELRAY BEACH, FL 33483**

TITLE
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CITY-ST-ZIP

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andrew Berger, President

Date

Daytime Phone #

1/24/07 (561) 279-9900