

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000054776

Entity Name: GLENN E. BLANTON, LLC

FILED
Apr 12, 2004
Secretary of State

Current Principal Place of Business:

4030 MOORES LAKE ROAD
DOVER, FL 33527

New Principal Place of Business:

Current Mailing Address:

4030 MOORES LAKE ROAD
DOVER, FL 33527

New Mailing Address:

FEI Number: 11-3709671

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLANTON, GLENN E
4030 MOORES LAKE ROAD
DOVER, FL 33527 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

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: BLANTON, GLENN E MGRM
Address: 4030 MOORES LAKE ROAD
City-St-Zip: DOVER, FL 33527 US

Title: MGRM () Change (X) Addition
Name: KROLL, TERRIE D MGRM
Address: 4032 MOORES LAKE ROAD
City-St-Zip: DOVER, FL 33527 US

Title: MGRM () Change (X) Addition
Name: BLANTON, GRACE B MGRM
Address: 4030 MOORES LAKE ROAD
City-St-Zip: DOVER, FL 33527 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: GLENN E. BLANTON

MGRM

04/12/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date