

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90041 029 \*\*\*150.00

**DOCUMENT # L08847**

1. Entity Name

GLOE, INC.



Principal Place of Business

7623 S ORANGE BLOSSOM TR  
ORLANDO FL 32809-6903

Mailing Address

1939 WESTPOINT CIR  
ORLANDO FL 32835



2. Principal Place of Business - No P.O. Box #

13125 NE 98th St

Suite, Apt. #, etc.

Fort McCoy Florida

City & State

3. Mailing Address

13125 NE 98th St

Suite, Apt. #, etc.

Fort McCoy Florida

City & State

1st MOORE

CR2E034 (10/07)

4. FEI Number

59-2961481

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

Zip

32134

Country

usa

Zip

32134

Country

usa

6. Name and Address of Current Registered Agent

KLEIN, GLENN  
1939 WESTPOINT CIRCLE  
ORLANDO FL 32835

7. Name and Address of New Registered Agent

Name

Glenn Klein

Street Address (P.O. Box Number is Not Acceptable)

13125 NE 98th St

Fort McCoy

City

FL

Zip Code

32134

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]*

(NOTE: Registered Agent signature required when re-registering)

March 31 2008

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME KLEIN, GLENN R  
STREET ADDRESS 1939 WESTPOINT CIR  
CITY-ST-ZIP ORLANDO FL 32835

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, or in all other like reported.

SIGNATURE:

*[Signature]* Glenn Klein

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 31 2008 407 267 3095

Date

Daytime Phone #