

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90032 036 ***150.00

DOCUMENT # L10370

1. Entity Name

GLENDAL INDUSTRIAL PARK, INC.



Principal Place of Business

900 9TH PLACE
VERO BEACH FL 32960
US

Mailing Address

900 9TH PLACE
SUITE 4
VERO BEACH FL 32960
US

54002815



MOORE

CR2E034 (11/03)

2. Principal Place of Business

3100 43rd Ave.

3. Mailing Address

3100 43rd Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Vero Beach, FL

City & State

Vero Beach, FL

Zip

32960

Country

US

Zip

32960

Country

US

4. FEI Number

65-0171290

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SULLIVAN, CHARLES A SR.
900 9TH PLACE
VERO BEACH FL 32960

7. Name and Address of New Registered Agent

Name

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

3100 43rd Ave.

City

Vero Beach

FL

Zip Code

32960

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

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	PD	<input type="checkbox"/> Delete
NAME	SULLIVAN, MICHAEL A	
STREET ADDRESS	900 9TH PLACE	
CITY-ST-ZIP	VERO BEACH FL 32960	

TITLE	VPD	<input type="checkbox"/> Delete
NAME	SULLIVAN, CHARLES A SR.	
STREET ADDRESS	900 9TH PLACE	
CITY-ST-ZIP	VERO BEACH FL 32960	

TITLE	VPD	<input type="checkbox"/> Delete
NAME	SULLIVAN, KATHLEEN R	
STREET ADDRESS	900 9TH PLACE	
CITY-ST-ZIP	VERO BEACH FL 32960	

TITLE	VPD	<input type="checkbox"/> Delete
NAME	RADFORD, PATRICIA S	
STREET ADDRESS	900 9TH PLACE	
CITY-ST-ZIP	VERO BEACH FL 32960	

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MCallister, BARBARA A	
STREET ADDRESS	900 9TH PLACE	
CITY-ST-ZIP	VERO BEACH FL 32960	

TITLE	PD	<input type="checkbox"/> Delete
NAME	SULLIVAN, CHARLES A JR.	
STREET ADDRESS	900 9TH PLACE	
CITY-ST-ZIP	VERO BEACH FL 32960	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles A. Sullivan, Jr.	
STREET ADDRESS	3100 43rd Ave.	
CITY-ST-ZIP	Vero Beach, FL 32960	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles A. Sullivan Sr	
STREET ADDRESS	3100 43rd Ave.	
CITY-ST-ZIP	Vero Beach, FL 32960	

TITLE	VPD S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sullivan, Kathleen R	
STREET ADDRESS	3100 43rd Ave	
CITY-ST-ZIP	Vero Beach, FL 32960	

TITLE	VPD T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Radford Patricia S.	
STREET ADDRESS	3100 43rd Ave	
CITY-ST-ZIP	Vero Beach, FL 32960	

TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sullivan, Michael A.	
STREET ADDRESS	3100 43rd Ave.	
CITY-ST-ZIP	Vero Beach, FL 32960	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Patricia S. Radford

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia S. Radford, VP

1-22-04

Date

772-778-9181

Daytime Phone #