

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Aug 02, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # M20388**

1. Entity Name  
**GLORY ELECTRIC, INC.**



Principal Place of Business  
**19601 W. SYCAMORE DR  
LOXAHATCHEE, FL 33470 US**

Mailing Address  
**P O BOX 858  
LOXAHATCHEE, FL 33470 US**



07122007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2594112**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**MOLARES, ANTHONY  
19601 W. SYCAMORE DRIVE  
LOXAHATCHEE, FL 33470**

**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  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	PDS
NAME	MOLARES, ANTHONY
STREET ADDRESS	19601 W. SYCAMORE DR.
CITY-ST-ZIP	LOXAHATCHEE, FL
TITLE	MR.
NAME	MOLARES, ANTHONY W PDS
STREET ADDRESS	19601 W. SYCAMORE DR.
CITY-ST-ZIP	LOXAHATCHEE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000771219  
08/02/07-80002-021 158.75

**DO NOT WRITE  
IN THIS SPACE**

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

Date

Daytime Phone #

*Anthony W. Molares* **A. W. Molares** **7/31/07** **561-793-7446**