


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M87140</b> 1. Entity Name GLORIA N. FUSSELL, INC.	
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Principal Place of Business 2975 HWY 60 EAST BARTOW, FL 33830	Mailing Address 2975 HWY 60 EAST BARTOW, FL 33830
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03112005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2896293	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

MYERS, CB NEAL  
130 E. CENTRAL AVE.  
LAKE WALES, FL 33852

**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 reissuing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT FUSSELL, GLORIA N. 4575 BARUSH RD. BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FUSSELL, MICHAEL W. 5010 BARUSH RD. BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FUSSRL, ROY W 4575 BARUSH RD BARTOW, FL 33830
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000282244  
03/31/05-80034-018 158.75

**DO NOT WRITE  
IN THIS SPACE**

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: Gloria N. Fussell 3-28-05 863 533-1814  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #