

# IMPORTANT INSTRUCTIONS

**DOCUMENT # M87140**

1. Entity Name  
**GLORIA N. FUSSELL, INC.**



**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**

Principal Place of Business      Mailing Address  
2975 HWY 60 EAST      2975 HWY 60 EAST  
BARTOW FL 33830      BARTOW FL 33830



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE      CR2E034 (10/06)

City & State

City & State

4. FEI Number **59-2896293**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

**FL**

Zip Code

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, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: DPT  Delete  
NAME: FUSSELL, GLORIA N.  
STREET ADDRESS: 4575 BARUSH RD.  
CITY-ST-ZIP: BARTOW FL 33830

TITLE:  Change  Addition  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

TITLE: V  Delete  
NAME: FUSSELL, MICHAEL W.  
STREET ADDRESS: 5010 BARUSH RD.  
CITY-ST-ZIP: BARTOW FL 33830

TITLE:  Change  Addition  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

U00000686366  
04/03/07-80042-023 150.00

TITLE: TD  Delete  
NAME: FUSSELL, ROY W  
STREET ADDRESS: 4575 BARUSH RD  
CITY-ST-ZIP: BARTOW FL 33830

TITLE:  Change  Addition  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

TITLE:  Delete  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

TITLE:  Change  Addition  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

TITLE:  Delete  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

TITLE:  Change  Addition  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

TITLE:  Delete  
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, with all other like empowered.

SIGNATURE: *Gloria N. Fussell*

3-28-07

863-533-1814

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #