

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90037 022 \*\*\*150.00

**DOCUMENT # P00000037731**

1. Entity Name  
**DAVID M. GLASER & ASSOCIATES, INC.**



Principal Place of Business Mailing Address  
~~2177 CHANTILLY LANE~~ P.O. BOX 1735  
DUNEDIN, FL 34698 DUNEDIN, FL 34697

**94058429**



2. Principal Place of Business Suite, Apt. #, etc.  
3. Mailing Address Suite, Apt. #, etc.

04112004 Chg-P CR2E034 (10/03)

City & State City & State  
Zip Country Zip Country

4. FEI Number 59-3645288 Applied For Not Applicable

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

GLASER, DAVID  
~~2177 CHANTILLY LANE~~  
DUNEDIN, FL 34698

Name **DAVID GLASER**  
Street Address (P.O. Box Number is Not Acceptable)  
**1297 RANCHWOOD DR. E.**  
City **DUNEDIN** FL Zip Code **34698**

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]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/19/04**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME GLASER, DAVID ☐ Delete  
STREET ADDRESS ~~2177 CHANTILLY LANE~~  
CITY-ST-ZIP DUNEDIN, FL 34698

TITLE P  
NAME **DAVID GLASER** ☐ Change ☐ Addition  
STREET ADDRESS **1297 RANCHWOOD DR. E.**  
CITY-ST-ZIP **DUNEDIN, FL 34698**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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 life empowered.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/19/04** (727) 742-2177  
Date Daytime Phone #