

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90050 025 ***150.00

DOCUMENT # P0000004384T

1. Entity Name

THE GLASER MARKETING GROUP, INC.



Principal Place of Business

~~7025 BERAGASA WAY, 207A~~
BOCA RATON FL 33433

NEW

Mailing Address

7251 W. Palmetto Park Road
Suite 203
Boca Raton, FL 33433

30012576



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1005085

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-ANTHES, STEFANI

~~9681 VINEYARD CT~~

~~BOCA RATON FL 33428~~

5504 Homeland Rd.
Wellington, FL.
33467-8461

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, 2005 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD ☐ Delete
NAME GLASER-ANTHES, STEFANI
STREET ADDRESS ~~7025 BERAGASA WAY, 207A~~
CITY-ST-ZIP BOCA RATON FL 33433

TITLE ☒ Change ☐ Addition
NAME 7251 W. Palmetto Park Road
STREET ADDRESS Suite 203
CITY-ST-ZIP

TITLE EV ☐ Delete
NAME GLASER, ROBERT M
STREET ADDRESS ~~7025 BERAGASA WAY, 207A~~
CITY-ST-ZIP BOCA RATON FL 33433

TITLE ☒ Change ☐ Addition
NAME 7251 W. Palmetto Park Road
STREET ADDRESS Suite 203
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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 like empowered.

SIGNATURE

Robert M. Glaser

ROBERT M. GLASER

2/2/05

561-208-2081

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Exec. U.P.

Date

Daytime Phone #