

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000049980

1. Entity Name

GLADES PROPERTY SERVICES, INC.



Principal Place of Business

848 W. VENTURA AVE.
CLEWISTON, FL 33440

Mailing Address

205 S. OWEN AVE
CLEWISTON, FL 33440

DO NOT WRITE IN THIS SPACE



01212004

No Chg-P

CR2E034 (10/03)

4. FEI Number

65-1014908

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHRISTOPHER, SHUPE
205 S. W.C. OWEN AVE
CLEWISTON, FL 33440

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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
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000103443
04/05/04-80056-000 300.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME YAUN, JOHN A
STREET ADDRESS 848 W. VENTURA AVE.
CITY-ST-ZIP CLEWISTON, FL 33440

TITLE P
NAME SHUPE, CHRISTOPHER H
STREET ADDRESS 205 W C OWEN
CITY-ST-ZIP CLEWISTON, FL 33440

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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)(f), 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:

Raymond W. Steinmetz

RAYMOND W. STEINMETZ JR

1-21-04

863 983 6187

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #