

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90076 001 ***300.00

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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

66000144



01122005 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**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**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 reinstating)

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	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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CHRISTOPHER H. SHUPE 1-13-05 863 983-6181