

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000113159

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: GLADES ECONOMIC INVESTORS, INC.

## Current Principal Place of Business:

1190 US HWY 27 E  
MOORE HAVEN, FL 33871

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 519  
MOORE HAVEN, FL 33471

## New Mailing Address:

FEI Number: 65-1067614

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JACKSON, ANDREW B  
150 N COMMERCE AVE  
SEBRING, FL 33870 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: TODD, JR., L T  
Address: 1190 US HWY 27 EAST  
City-St-Zip: MOORE HAVEN, FL 33471

Title: STD ( ) Delete  
Name: BREWINGTON, JEFF  
Address: 1190 US HWY 27 EAST  
City-St-Zip: MOORE HAVEN, FL 33471

Title: D ( ) Delete  
Name: AUL, JAMES  
Address: 1190 US HWY 27 EAST  
City-St-Zip: MOORE HAVEN, FL 33471

Title: D ( ) Delete  
Name: COXE, JOHN  
Address: 1190 US HWY 27 EAST  
City-St-Zip: MOORE HAVEN, FL 33471

Title: D ( ) Delete  
Name: PERRY, TOMMY  
Address: 1190 US HWY 27 EAST  
City-St-Zip: MOORE HAVEN, FL 33471

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFF BREWINGTON

ST

04/15/2009

Electronic Signature of Signing Officer or Director

Date