

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000000705

FILED
Apr 18, 2004
Secretary of State

Entity Name: GLATFELTER, INC.

Current Principal Place of Business:

28850 STORMCLOUD PASS
WESLEY CHAPEL, FL 33543

New Principal Place of Business:

30521 IVERSON DR
WESLEY CHAPEL, FL 33543

Current Mailing Address:

28850 STORMCLOUD PASS
WESLEY CHAPEL, FL 33543

New Mailing Address:

30521 IVERSON DR
WESLEY CHAPEL, FL 33543

FEI Number: 59-3689375

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLATFELTER, JASON L
28850 STORMCLOUD PASS
WESLEY CHAPEL, FL 33543 US

Name and Address of New Registered Agent:

GLATFELTER, JASON L
30521 IVERSON DR
WESLEY CHAPEL, FL 33543 US

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: JASON GLATFELTER

04/18/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GLATFELTER, JASON
Address: 28850 STORMCLOUD PASS
City-St-Zip: WESLEY CHAPEL, FL 33543

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: GLATFELTER, JASON
Address: 30521 IVERSON DR
City-St-Zip: WESLEY CHAPEL, FL 33543

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JASON GLATFELTER

PRES

04/18/2004

Electronic Signature of Signing Officer or Director

Date