

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 04, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # P01000007538**

1. Entity Name  
**GLAZE ENTERPRISES, INC.**



Principal Place of Business  
**2953 PINE VALLEY DRIVE  
DESTIN, FL 32550**

Mailing Address  
**2953 PINE VALLEY DRIVE  
DESTIN, FL 32550**



03172005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3693809**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**PERRY, AMY A  
4477 LEGENDARY DR., STE. 202  
DESTIN, FL 32550**

**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	GLAZE, ROBERT A
STREET ADDRESS	2953 PINE VALLEY DRIVE
CITY-ST-ZIP	DESTIN, FL 32550

TITLE	D
NAME	GLAZE, SHARON M
STREET ADDRESS	2953 PINE VALLEY DRIVE
CITY-ST-ZIP	DESTIN, FL 32550

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/04/05-80079-019 150.00

**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

03/30/05 850-865-6525  
Date Daytime Phone #