2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P0100007538 1. Entity Name GLAZE ENTERPRISES, INC.



FILED
May 03, 2007 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

2953 PINE VALLEY DRIVE DESTIN, FL 32550 2953 PINE VALLEY DRIVE DESTIN, FL 32550



05012007

No Chg-P

CR2E034 (11/05)

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

DO NOT WRITE IN THIS SPACE

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

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

DO NOT WRITE IN THIS SPACE

DESTIN, FL 32550			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, hypod or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstrating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	05/24/07-80047-085 150.00
10. TITLE NAME STREET ADDRESS CITY-ST-7IP	OFFICERS AND DIRECT D GLAZE, ROBERT A 2953 PINE VALLEY DRIVE DESTIN, FL 32550	CTORS			
NAME STREET ADDRESS CITY-ST-ZIP	GLAZE, SHARON M 2953 PINE VALLEY DRIVE DESTIN, FL 32550				· -
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE	
TITLE NAME STREET ADORESS			IN THIS SPACE		

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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: Sham m blaze

4/21/07

850-865-6525