

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2008 8:00 am**  
**Secretary of State**

03-18-2008 90007 030 \*\*\*150.00

DOCUMENT # P01000019160

1. Entity Name  
GLK, INC.



Principal Place of Business  
831 SOUTH CENTRAL AVENUE  
UMATILLA, FL 32784-9290

Mailing Address  
831 SOUTH CENTRAL AVENUE  
UMATILLA, FL 32784-9290

40047620



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02172008

Chg-P

CR2E034 (12/06)

4. FEI Number  
59-3359628

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KEY, GLEN I  
831 SOUTH CENTRAL AVENUE  
UMATILLA, FL 32784-9290

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
D  
KEY, ROWENA L  
Delete  
STREET ADDRESS  
P.O. BOX 62  
CITY-ST-ZIP  
UMATILLA, FL 32784

TITLE  
NAME  
Delete  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
D  
KEY, GLEN I  
Delete  
STREET ADDRESS  
150 CASSADY STREET  
CITY-ST-ZIP  
UMATILLA, FL 32784

TITLE  
NAME  
Delete  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
D  
GREER, KERI R  
Delete  
STREET ADDRESS  
40600 LOUISE RD.  
CITY-ST-ZIP  
UMATILLA, FL 32784

TITLE  
NAME  
Delete  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
Delete  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
Delete  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
Delete  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

12. I hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/13/08