

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90075 011 ***150.00

DOCUMENT # P01000040448

1. Entity Name

TECHNOLOGY RESOURCES RECRUITING, INC.



Principal Place of Business

C/O GLORIA GLIDEWELL
89 SCHOONER LANE
SHALIMAR FL 32579

Mailing Address

C/O GLORIA GLIDEWELL
89 SCHOONER LANE
SHALIMAR FL 32579



2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State

4. FEI Number

59-3708521

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GLIDEWELL, GLORIA
89 SCHOONER LANE
SHALIMAR FL 32579

Name

N/A

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

Gloria Glidewell GLORIA GLIDEWELL

1/24/2006

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE SVP ☐ Delete
NAME GLIDEWELL, JOHN
STREET ADDRESS 89 SCHOONER LANE
CITY-ST-ZIP SHALIMAR FL 32579

TITLE PT ☐ Delete
NAME GLIDEWELL, GLORIA
STREET ADDRESS 89 SCHOONER LANE
CITY-ST-ZIP SHALIMAR FL 32579

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Secretary ☐ Change ☒ Addition
NAME Glidewell John
STREET ADDRESS 89 Schooner Ln
CITY-ST-ZIP Shalimar FL 32579

TITLE Treasurer ☐ Change ☒ Addition
NAME Glidewell Gloria
STREET ADDRESS 89 Schooner Ln
CITY-ST-ZIP Shalimar FL 32579

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Gloria Glidewell GLORIA GLIDEWELL

1/24/2006

850-609-1684

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #