## 2006 FOR PROFIT CORPORATION

## Jan 17, 2006 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P01000051012 MICHAEL GLASNER, C.D.T., INC. Mailing Address Principal Place of Business 1279 SAN CHRISTOPHER DRIVE 1279 SAN CHRISTOPHER DRIVE DUNEDIN, FL 34698 DUNEDIN, FL 34698 CR2E034 (11/05) 01112006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3728421 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BLENNER, WALTER W DO NOT WRITE 2708 ALT. 19 NORTH, STE 701 PALM HARBOR, FL 34683 IN THIS SPACE 3. 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, typed or printed name of registered again and title if applicable, (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE GLASNER, MICHAEL C.D.T. NAME 3300 FOXCHASE CIRCLE NORTH STREET ADDRESS U00000388271 01/19/06-80070-024 **150.0**0 PALM HARBOR, FL 34683 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE HILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-78P TOTE NAME

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 exempt this proport as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an authorise, with all other life typic powered.

SIGNATURE:

STREET AGORESS CITY-ST-ZIP

RIGHATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-06- 21565

**FILED**