

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

FILED

2004 MAY 20 PM 12:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000083669

1. Entity Name  
GLENN WEILBACHER, INC



Principal Place of Business  
227 NORTH M STREET  
LAKE WORTH, FL 33460

Mailing Address  
227 NORTH M STREET  
LAKE WORTH, FL 33460



03112003 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-1133768

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

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

BLOCK, MICHAEL SR  
3652 NORTH ANDREWS AVENUE  
FORT LAUDERDALE, FL 33309

**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 \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME WEILBACHER, GLENN  
STREET ADDRESS 227 NORTH M STREET  
CITY-ST-ZIP LAKE WORTH, FL 33460

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

800036966578  
05/20/04--01061--007 \*\*550.00

**DO NOT WRITE  
IN THIS SPACE**

12m  
5/20

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

Glenn Weilbacher

Date

5/17/04

Daytime Phone #

561-585-3246