

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000086259 1. Entity Name G.L.M. ENTERPRISES, INC.			
Principal Place of Business 900-I ANASTASIA BLVD ST. AUGUSTINE, FL 32080		Mailing Address 125 MENENDEZ ROAD ST. AUGUSTINE, FL 32080	
DO NOT WRITE IN THIS SPACE			
		4. FEI Number 59-3741278	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		U00000121288 04/20/04-80044-014 150.00	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MORRIS, GREG L 125 MENENDEZ ROAD ST. AUGUSTINE, FL 32080		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MORRIS, JANE C 125 MENENDEZ RD ST AUGUSTINE, FL 32080		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MORRIS, GREG L 125 MENENDEZ RD ST AUGUSTINE, FL 32080		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		4-16-04 904-809-3003 <small>Date Daytime Phone #</small>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			