

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90203 038 ***158.75

DOCUMENT # P01000099421

1. Entity Name

SINBAD GLUE, INC.



Principal Place of Business

PO BOX 1688
PALMETTO FL 34220-1688

Mailing Address

P.O. BOX 763
ELLENTON FL 34222-0753

2. Principal Place of Business

3. Mailing Address

806 15th Ave West

Suite, Apt. #, etc.

City & State

Palmetto Florida

Zip

34221

Country

US

4. FEI Number

65-1155216

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

Name

Cynthia Cruz

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

806 15th Ave West

City

Palmetto

FL

Zip Code

34221

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

Antoni Cruz Jr

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

(NOTE: Registered Agent signature required when reinstating)

4/26/04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CRUZ, ANTONIO JR.	
STREET ADDRESS	806 15TH AVENUE W.	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	V	<input type="checkbox"/> Delete
NAME	CRUZ, CYNTHIA M	
STREET ADDRESS	806 15TH AVENUE W.	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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:

Cynthia Cruz Cynthia Cruz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04 (941) 721-4785

Day

Daytime Phone #