


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 11, 2006 08:00 A
Secretary of State

DOCUMENT # P01000103206 1. Entity Name LOGO, GLOVE OF FLORIDA, INC.	
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Principal Place of Business 6301 MAKION LANE PANAMA CITY, FL 32404	Mailing Address 6301 MAKION LANE PANAMA CITY, FL 32404
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DO NOT WRITE IN THIS SPACE



07142006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3756794	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CHAMPLIN, CRAIG 6301 MAKION LANE PANAMA CITY, FL 32404
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**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)</small>	U00000574153 08/11/06-80006-010 150.00 <small>(FAT)</small>
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FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ALTMAN, JOHN 591 LAGOON OAKS DRIVE PANAMA CITY BEACH, FL 32408
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST CHAMPLIN, CRAIG 6301 MAKION LANE PANAMA CITY, FL 32404
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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: <u>John M Altman</u> JOHN M ALTMAN 8/9/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date	Day(s) of Week
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