

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000112606

1. Entity Name  
GLEN PLANTATION, INC.



Principal Place of Business  
11635 NW 1ST AVE.  
GAINESVILLE, FL 32607

Mailing Address  
11635 NW 1ST AVE.  
GAINESVILLE, FL 32607

BK

FILED

2006 APR 20 AM 10: 09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03012006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3759506	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CURTIS, JOHN M  
11635 NW 1ST AVE.  
GAINESVILLE, FL 32607

DO NOT WRITE  
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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 \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CURTIS, JOHN M
STREET ADDRESS	11635 NW 1ST AVE.
CITY-ST-ZIP	GAINESVILLE, FL 32607

TITLE	D
NAME	RHODEN, THOMAS R
STREET ADDRESS	515 S. 6TH ST.
CITY-ST-ZIP	MACLENNY, FL 32063

TITLE	D
NAME	KNABB, TODD L
STREET ADDRESS	7436 WOODLAWN RD.
CITY-ST-ZIP	MACLENNY, FL 32063

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE*	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: \_\_\_\_\_

John M. Curtis  
Director

04/17/06 352-332-0838

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #