


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 05, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000001439</b> 1. Entity Name <b>GLENN RIDGE &amp; ASSOCIATES, INC.</b>	
---	---

Principal Place of Business <b>1801 EAST LAKE ROAD #17 C PALM HARBOR, FL 34685</b>	Mailing Address <b>59 AUBURN STREET LARGO, FL 33770</b>
---	--



01222007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>14-1901044</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>LEONHARDT, RHONDA K C/O APPLTAX ACCOUNTING SERVICE, INC. 59 AUBURN STREET LARGO, FL 33770</b>
---

**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 \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GUANCIALE, BENJAMIN P 16007 COMUS ROAD CLARKSBURG, MD 208719121
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V GUANCIALE, DANA 16007 COMUS ROAD CLARKSBURG, MD 208719121
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000690345  
04/11/07-80073-009 150.00

**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 an other like empowered.

SIGNATURE *Dana Guancia* PRESIDENT 03/28/2007  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**DANA GUANCIALE**