2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000009288

1. Entity Name

GLEMANN & ASSOCIATES, P.A.



FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90737 002 ***150.00

Principal Place of Business

1351 13TH AVE. SOUTH

SUITE 140

JACKSONVILLE BEACH, FL 32250

Mailing Address

1351 13TH AVE. SOUTH

SUITE 140 JACKSONVILLE BEACH, FL 32250

04222004

No Chg-P

CR2E034 (10/03)

04222004

Applied For

4. FEI Number 30-0034958

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

GLEMANN, RICHARD P 1351 13TH AVE. SOUTH, SUITE 140 JACKSONVILLE BEACH, FL 32250 DO NOT WRITE
IN THIS SPACE

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	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	ed office or re	egistered agent, or bo	oth, in the State of Florida	a. I am familiar with	n, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title it	f applicable. (NOTE: Registere	d Agent signature	required when reinstating)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS	1		**************************************		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZHANG, YIXING 1122 3RD STREET SUITE 3 NEPTUNE BEACH, FL 32266						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLEMANN, RICHARD P 1122 3RD STREET SUITE 3 NEPTUNE BEACH, FL 32266		\$ A	•			
TITLE						•	

DO NOT WRITE IN THIS SPACE

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 a content of the receiver of the recei

CICNATURE

NAME __ STREET ADDRESS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H128/04

Daytime Phone