

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 08:00 A
Secretary of State

DOCUMENT # P02000050273

1. Entity Name
GLC MANAGEMENT INC.



Principal Place of Business

3444 EASTLAKE ROAD
STE 416
PALM HARBOR, FL 34685 US

Mailing Address

3444 EASTLAKE ROAD
STE 416
PALM HARBOR, FL 34685 US



01232008 No Chg-P CR2E034 (11/05)

4. FEI Number
04-3682192

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SHANE, GLENN
3444 EAST LAKE ROAD
416
PALM HARBOR, FL 34685

**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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000904968
05/01/08-80032-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SHANE, GLENN B
STREET ADDRESS	3444 EAST LAKE ROAD STE 416
CITY-ST-ZIP	PALM HARBOR, FL 34685
TITLE	D
NAME	SHANE, LARA G
STREET ADDRESS	3444 EAST LAKE ROAD SUITE 416
CITY-ST-ZIP	PALM HARBOR, FL 34685
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-08 727-789-5833

Date

Daytime Phone #