

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000100372

1. Entity Name  
GLORIOUS MANE, INC.



FILED

04 APR 29 PM 1:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
310 N. CHERRY ST.  
MONTICELLO, FL 32344

Mailing Address  
310 N. CHERRY ST.  
MONTICELLO, FL 32344



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04302004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number  
50-0006075

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KING, TOMICA  
1979 WAUKEENAH HWY  
MONTICELLO, FL 32344

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/04

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 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 ☒ Delete

P HUGGINS, BARBARA  
146 DORA'S LANE  
MONTICELLO, FL 32344

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

P KING, TOMICA  
1979 WAUKEENAH HWY  
MONTICELLO, FL 32311

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☒ Addition

V DON GILLIARD  
937 APACHE STREET  
TALLAHASSEE, FL 323

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☒ Addition

M MERVIN JACKSON  
1979 WAUKEENAH HWY  
MONTICELLO, FL 32344

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

100036277581  
05/13/04--01080--006 \*\*150.00

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*

Date

Daytime Phone #

4/30/04 850-342-1111