2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000124017

City-St-Zip:

NEW SMYRNA BEACH, FL 32168

FILED Jan 16, 2006 Secretary of State

Entity Nai	me: GLENCO	LIMITED, INC.			
Current Principal Place of Business:			New Principal P	New Principal Place of Business:	
512 CANAL STREET NEW SMYRNA BEACH, FL 32168				2489 TAYLOR RD. NEW SMYRNA BEACH, FL 32168	
Current Mailing Address:			New Mailing Ad	New Mailing Address:	
512 CANAL STREET NEW SMYRNA BEACH, FL 32168			P.O BOX 113 NEW SMYRNA B	P.O BOX 113 NEW SMYRNA BEACH, FL 32170	
FEI Number:	: 75-3090286	FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Addre	Name and Address of New Registered Agent:	
ELLIS, ARMISTEAD W JR. 512 CANAL STREET NEW SMYRNA BEACH, FL 32168 US			319 N. RIDGEW	ELLIS, ARMISTEAD W JR. 319 N. RIDGEWOOD AVE DAYTONA BCH, FL 32114 US	
	named entity e of Florida.	submits this statement for the	purpose of changing its regi	stered office or registered agent, or both,	
SIGNATUR	RE:			01/16/2006	
	Electro	nic Signature of Registered Ag	jent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CH	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	TURNEY, MICH 2489 TAYLOR		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DEWAR, JOYO 621 GLEN CIR		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	D (DEWAR, ROBI 621 GLEN CIR		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: ROBERT A DEWAR DIR. 01/16/2006