

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000124017

1. Entity Name
GLENCO LIMITED, INC.



Principal Place of Business
2489 TAYLOR RD.
NEW SMYRNA BEACH, FL 32168

Mailing Address
P.O BOX 113
NEW SMYRNA BEACH, FL 32170



01312008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-3090286

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ELLIS, ARMISTEAD W JR.
319 N. RIDGEWOOD AVE
DAYTONA BCH, FL 32114

**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

U000000226168
02/21/08-80039-005 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME TURNER, MICHAEL KELVIN *KEVIN*
STREET ADDRESS 2489 TAYLOR ROAD
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168

TITLE D
NAME DEWAR, JOYCE
STREET ADDRESS 621 GLEN CIRCLE
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168

TITLE D
NAME DEWAR, ROBERT A
STREET ADDRESS 621 GLEN CIRCLE
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168

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: *Joyce A. Dewar*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joyce A. Dewar 2/2/08 (386) 428-3338
Date Daytime Phone #