


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000133628</b>	
1. Entity Name <b>GLENCOE FINANCE, INC.</b>	

Principal Place of Business <b>6745 N. MYAKA AVE CRYSTAL RIVER, FL 34428</b>	Mailing Address <b>6745 N. MYAKA AVE CRYSTAL RIVER, FL 34428</b>
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DO NOT WRITE IN THIS SPACE



01102006 No Chg-P CRZE034 (11/05)

4. FEI Number <b>16-1644860</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>GERRITS, JOAN M 6745 N. MYAKA AVE CRYSTAL RIVER, FL 34428</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OD GERRITS, JOAN M 6745 N. MYAKA AVE CRYSTAL RIVER, FL 34428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OD BURDEN, RANDY O 1611 SUMMERLIN AVE. ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/28/06-80004-021 150.00

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.

<b>SIGNATURE:</b>  <b>JOAN M Gerrits</b>	Date: <b>2/9/06</b>	Daytime Phone #: <b>352-302-0889</b>
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