**2008 FOR PROFIT CORPORATION ANNUAL REPORT** 

RECEIVED MAR 2 6 2 PROPERTY #: GLACCOMPT: 28, 2008, 98200 AN
BUDGETED: YSecretary of State APPROVAL: **OPERATIONS:** DIRECTOR: 02152008 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For 06-1678478 \$8.75 Additional 5. Certificate of Status Desired Fee Required DO NOT WRITE IN THIS SPACE (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 100000044113 Added to Fees DO NOT WRI IN THIS SPACE

DOCUMENT # P03000013830

GLADES PARTNERS, INC.

Principal Place of Business

Mailing Address

1515 NORTH FEDERAL HIGHWAY, SUITE 306 BOCA RATON, FL 33432

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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GENSHEIMER, MARK A 1515 N FEDERAL HWY STE 306 BOCA RATON, FL 33432

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	the obligations of registered agent.		•

Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing

Trust Fund Contribution.

10. OFFICERS AND DIRECTORS TITLE GENSHEIMER, MARK A NAME STREET ADDRESS 1515 NORTH FEDERAL HIGHWAY, SUITE 306 CITY-ST-ZIP BOCA RATON, FL 33432 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 the empowered.

SIGNATURE:

STREET ADDRESS CiTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Daytime Phone #