

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000064606

FILED
May 03, 2007
Secretary of State

Entity Name: GLENN SECURITY SERVICES INC.

Current Principal Place of Business:

4960 YUKON STREET
ST. CLOUD, FL 34771

New Principal Place of Business:

Current Mailing Address:

4960 YUKON STREET
ST. CLOUD, FL 34771

New Mailing Address:

FEI Number: 05-0573092

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NORIEGA-TARGIA, DIANA
4960 YUKON STREET
ST. CLOUD, FL 34771 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NORIEGA-TARGIA, DIANA
Address: 4960 YUKON STREET
City-St-Zip: ST. CLOUD, FL 34771

Title: VP () Delete
Name: TARGIA, JENNIFER
Address: 506 LEVERETT AVENUE
City-St-Zip: STATEN ISLAND, NY 10308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: DIANA NORIEGA-TARGIA

P

05/03/2007

Electronic Signature of Signing Officer or Director

Date