

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90060 002 ***150.00

DOCUMENT # P03000095463

1. Entity Name
GLEMSHIRE TRANSPORT SERVICES, INC.



Principal Place of Business
**C/O WEINBERG
6199 NW 24 TER
BOCA RATON, FL 33496**

Mailing Address
**C/O WEINBERG
6199 NW 24 TER
BOCA RATON, FL 33496**

94043527



2. Principal Place of Business
3240 2nd AVENUE SE

3. Mailing Address
3240 2nd AVENUE SE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03302004 Chg-P CR2E034 (10/03)

City & State
NAPLES, FL

City & State
NAPLES, FL

4. FEI Number
20-0196985

Applied For
Not Applicable

Zip
34117

Country
USA

Zip
34117

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GLEMSER, GREGORY
C/O WEINBERG
6199 NW 24 TER
BOCA RATON, FL 33496**

Name
GLEMSER, GREGORY

Street Address (P.O. Box Number is Not Acceptable)
3240 2nd AVENUE SE

City
NAPLES

FL

Zip Code
34117

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. - ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE _____ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE **DP** Change Addition
NAME **GLEMSER, GREGORY**
STREET ADDRESS **3240 2nd AVENUE SE**
CITY-ST-ZIP **NAPLES, FL 34117**

TITLE _____ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GREGORY GLEMSER APRIL 5, 2004 239-649-7699

Date

Daytime Phone #