2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 26, 2004 8:00 am Secretary of State

5/3:

DOCUMENT # P03000107038 1. Entity Name HOUSE OF GLORY, INC.								05-03	-2004 90)436 035	5 ***150.0
Principal Place of Business Mailing Address							┪				
8201 ABBEYFIELD DR IACKSONVILLE, FL 32277				8201 ABBEYFIELD DR JACKSONVILLE, FL 32277						•	•••
2. Principal Place of Business			3	3. Mailing Address							
Suste, Apt. #, etc.			-	Suite, Apt. #, etc.			04302004	Chg-P	CR2E0	34 (10/03)	
City & State				City & State			4. FEI Numb 20 - E		6	<u> </u>	pplied For ot Applicable
Zip	Country			Zip Country		try	5. Certificat	of Status Desired		\$8.75 Add Fee Require	
6. Name and Address of Current R				stered Agent		7. Name and Address of New Registered Agent					
-WILCOX:	AĽMĄ C				_	Name					
8201 ABBEYFIELD DR JACKSONVILLE, FL 32277				- Street Addre			(P.O. Box Numi	per is Not Acceptabl	e) - ===		
				City					FL	Zip Cod	de
6. The above	named entity	submits this statem	ent for the	purpose of changing its	register	ed office or registe	red agent, or bo	oth, in the State of FI	orida. Lam	familiar with	and accent
6. 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, system of printed name of regressed spirel and title if applicable. (NOTE: Registered Agent signature in							d when renexacing)	·	DATE		·
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financin Trust Fund Contribution.							.00 May Be led to Fees		-		
10:.		OFFICERS	AND DIRE	CTORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11
TITLE	CEO Delete TITL							•		☐ Change	☐ Addition
NAME Street Address	WILCOX, ALMA C: NAM S 8201 ABBEYFIELD DR STRE					e Et ad o aess			. ,		
CITY-ST-ZIP											
TITLE	S			☐ Delete							
NAME .	CANADY, NIKKI					1				Change	Addition
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NAME	:	i i		☐ Deleta	TITLE	I .				Change	Addition
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CITY-ST-ZIP	·	***************************************				TT ADORESS ST-2IP					
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CITY-ST-ZIP				-		ST-20P					
TATLE			ï	☐ Delete	TITLE				-	☐ Change	Addition
NAME CTRCET ADDRESS					NAME						
CITY-ST-ZIP	<u>.</u>				CITY-	T ADDRESS ST-ZIP			٠		į
12. Thereby 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 chapter or an attachment with an addition.											
signature: Uma Wilcot Signature: 4/28/04 858-7205											
~		SIGNATURE AND TYPE	O O O PROVIDE	NAME OF BOSONS OFFICES	AD DIE BOTO	An		- J +		·	\