


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Apr 25, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000121647</b>	
1. Entity Name <b>GLENN NORWOOD CONSTRUCTION, INC</b>	

Principal Place of Business <b>POST OFFICE BOX 2729 BELLEVIEW, FL 34421</b>	Mailing Address <b>POST OFFICE BOX 2729 BELLEVIEW, FL 34421</b>
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04012006 No Chg-P CR2E034 (11/05)

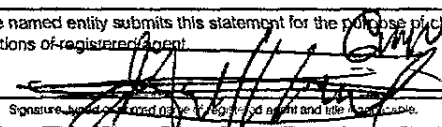
**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>86-1081241</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>NORWOOD, GLENN W 4025 SE 126TH PLACE BELLEVIEW, FL 34420</b>
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**DO NOT WRITE  
IN THIS SPACE**

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  DATE \_\_\_\_\_  
Signature must be signed on the 17th day of the month and the 1st day of the year. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P NORWOOD, GLENN W 4025 SE 126TH PLACE BELLEVIEW, FL 34420</b>
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U00000532402  
05/06/06-80083-010 150.00

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 21/06 3524275247  
Date Daytime Phone #