


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**


01-22-2007 90087 027 \*\*\*150.00

<b>DOCUMENT # P03000128846</b>		
1. Entity Name GLEN EASTER METAL, INC.		

Principal Place of Business 2405 UNIT #D DOBBS RD. ST. AUGUSTINE, FL 32086	Mailing Address 2405 UNIT #D DOBBS RD. ST. AUGUSTINE, FL 32086
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2. Principal Place of Business - No P.O. Box # <u>2435 DOBBS RD</u>	3. Mailing Address <u>2435 DOBBS RD</u>
Suite, Apt. #, etc. <u>H</u>	Suite, Apt. #, etc. <u>H</u>

City & State <u>ST AUGUSTINE FL.</u>	City & State <u>ST AUGUSTINE FL.</u>
Zip <u>32086</u>	Zip <u>32086</u>
Country <u>USA</u>	Country <u>USA</u>

	
01182007	Chg-P CR2E034 (12/06)
4. FEI Number 20-0396676	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  EASTERS, GLEN P 214 DONDANVILLE RD. ST. AUGUSTINE, FL 32080		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT EASTERS, GLEN 214 DONDANVILLE RD. ST. AUGUSTINE, FL 32086 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS EASTERS, GAIL 214 DONDANVILLE RD. ST. AUGUSTINE, FL 32086 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Glen P. Easters* **1-18-07** **904-501-9111**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

RECEIPT ISSUED PURSUANT  
COUNTY ORDINANCE 72-2

ACTIVITIES

CHINES ROOMS SEATS

TYPE OF BUSINESS 000275 MISC. PUBLIC SERV.

BUSINESS ADDRESS 2435 DOBBS ROAD UNIT H  
FL 32086-0000

GLEN EASTERS METAL, INC.

NAME EASTERS, GLEN & EASTERS, GAIL

PHONE ADDRESS 2435 DOBBS ROAD UNIT H  
ST. AUGUSTINE, FL 32086-0000

FORM BECOMES A RECEIPT  
ONLY WHEN VALIDATED

2006/2007 ST. JOHNS COUNTY  
LOCAL BUSINESS TAX RECEIPT  
MUST BE DISPLAYED IN A CONSPICUOUS PLACE

ATTACHMENT

40003748  
#P03000128846

METAL POLISHING

ACCOUNT 20223  
EXPIRES September 30, 2007

X	NEW BUSINESS TRANSFER - ORIGINAL TAX	22.00
	AMOUNT	22.00
	PENALTY	.00
	COLLECTION COST	
	TOTAL	22.00

DENNIS W. HOLLINGSWORTH  
ST. JOHNS COUNTY TAX COLLECTOR

This receipt does not constitute a franchise, an agreement, or permission  
authority to perform the services or operate the business described hereon with  
a franchise, agreement, or other county commission, state or federal permission  
or authority is required by county, state or federal law.

PAID-6000565.0001-0001 501 06/07/2006 22.00