


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90015 037 ***150.00

DOCUMENT # P03000136076	
1. Entity Name GLEN ROSE GUTTERS, INC.	

Principal Place of Business 4611 HURON BAY CIRCLE KISSIMMEE FL 34759	Mailing Address 4611 HURON BAY CIRCLE KISSIMMEE FL 34759
--	--



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE	CR2E034 (10/06)
4. FEI Number 68-0573094	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ROSE, GLEN D 4611 HURON BAY CIR KISSIMMEE FL 34759	
--	--

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 transferring) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	ROSE, GLEN D
STREET ADDRESS	4611 HURON BAY CIR
CITY-ST-ZIP	KISSIMMEE FL 34759
TITLE	VP <input type="checkbox"/> Delete
NAME	ROSE, PHILLIP G
STREET ADDRESS	4611 HURON BAY CIR
CITY-ST-ZIP	KISSIMMEE FL 34759
TITLE	VP <input type="checkbox"/> Delete
NAME	ROSE, CLINT A
STREET ADDRESS	4813 CARMEL ST
CITY-ST-ZIP	ORLANDO FL 32808
TITLE	VP ROSE, Ruth A <input type="checkbox"/> Delete
NAME	Ruth A
STREET ADDRESS	4611 Huron Bay Cir
CITY-ST-ZIP	Kiss. FL 34759
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V.P. Rose, Ruth A
STREET ADDRESS	4611 Huron Bay Cir
CITY-ST-ZIP	Kiss. FL 34759
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 Rose **3-1-07** **407-931-1210**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #