

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2008 08:00 AM
Secretary of State

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 #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

68-0573094

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSE, GLEN D
4611 HURON BAY CIR
KISSIMMEE FL 34759

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

Signature, typed or printed name of registered agent and filer if applicable.

(NOTE: Registered Agent's signature required when removing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	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	V	<input type="checkbox"/> Delete
NAME	ROSE, RUTH A	
STREET ADDRESS	4611 HURON BAY CIRCLE	
CITY-ST-ZIP	KISSIMMEE FL 34759	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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STREET ADDRESS		
CITY-ST-ZIP		

U00000834264
02/28/08-80046-014 150.00

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-08

407-932-3281

Date

Daytime Phone #