

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90186 031 ***150.00

DOCUMENT # **203200137541**



1. Entity Name

HERMAN GLISSON, INC.

Principal Place of Business

**102 RIVIERA DUNES WAY
PALMETTO FL 34221**

Mailing Address

**P.O. BOX 1249
BRADENTON FL 34206**

2. Principal Place of Business

4603-10th St. Ct. E.

Suite, Apt. #, etc.

3. Mailing Address

← same

Suite, Apt. #, etc.

City & State

Ellenton FL

City & State

← same

4. FEI Number

20-0426373

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GLISSON, HERMAN
102 RIVIERA DUNES WAY
PALMETTO FL 34221**

7. Name and Address of New Registered Agent

Name

Herman Glisson

Street Address (P.O. Box Number is Not Acceptable)

4603-10th St. Ct. E.

City

Ellenton

FL

Zip Code

34222

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

Herman Glisson

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-27-06

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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

TITLE **D** ☐ Delete
NAME **GLISSON, HERMAN**
STREET ADDRESS **102 RIVIERA DUNES WAY**
CITY-ST-ZIP **PALMETTO FL 34221**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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:

Herman Glisson - Herman Glisson **2-27-06** **941-713-0082**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #