2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90272 003 ***150.00

DOCUMENT # P03000146486

1. Entity Name
GLENN AMMONS SERVICES, INC.

Principal Place of Business	Mailing Address
1840 WEST VIRGINIA AVE. MERRITT ISLAND, FL 32952	1840 WEST VIRGINIA AVE. MERRITT ISLAND, FL 32952

04272004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2917 Cooper Dr.	2917 Cooper Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Titusville FL	City & State: Titusville FL
Zip: 32796 Country	Zip: 32796 Country

4. FEI Number 11-3709538 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AMMONS, GLENN 1840 WEST VIRGINIA AVE. MERRITT ISLAND, FL 32952	Name Street Address (P.O. Box Number is Not Acceptable) 2917 Cooper Dr. City Titusville FL Zip Code 32796

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] Glenn Ammons 3-27-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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 NAME STREET ADDRESS CITY-ST-ZIP	D AMMONS, GLENN 1840 WEST VIRGINIA AVE. MERRITT ISLAND, FL 32952	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2917 Cooper Dr. Titusville FL 32796	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] Glenn Ammons 3-27-04 321-264-9622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #