2005 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jul 28, 2005 8:00 am
Secretary of State

07-07-2005 90004 033 ***150.00

DOCUMENT # P04000023809

1. Entity Name
GLPM LABORATORY AND FLAMEWORK DESIGN, INC.

Principal Place of Business	Mailing Address
431 ARCHAIC DR. BOX 89 WINTER HAVEN, FL 33880	431 ARCHAIC DR. BOX 89 WINTER HAVEN, FL 33880

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

06282005 Chg-P CR2E034 (10/03)

4. FEI Number 11-3712305 — 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
MOORE, GLENDA L 431 ARCHAIC DR. BOX 89 WINTER HAVEN, FL 33880	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 Glenda L Moore — 6-28-2005

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MOORE, GLENDA L	NAME	
STREET ADDRESS	431 ARCHAIC DR., BOX 89	STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN, FL 33880	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Glenda L Moore

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

6-28-05

ATTACHMENT
660025180
P04-000023809

I am new at this and very unaware of of the annual report + fee. I have not received any thing on this. Please advise me of what needs to be completed yearly + information I can get on my responsibility I am a very small business (income of less than $10,000 a year, probably will not make that this year so any fees or extra charges may break my company Thank you,

Glenda L Moore
GLPM Laboratory + Flame work Design, Inc
431 Archain Dr Box 89
Winter Haven, Fl 33880