2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000023809

1. Entity Name
G L P M, INC.

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

DO NOT WRITE IN THIS SPACE

03162006   No Chg-P   CR2E034 (11/05)

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

MOORE, GLENDA L
431 ARCHAIC DR.
BOX 89
WINTER HAVEN, FL 33880

DO NOT WRITE
IN THIS SPACE

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_

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE 4/18/06

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

$5.00 May Be Added to Fees

U000000523786
05/03/06-80088-009 150.00

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	MOORE, GLENDA L
STREET ADDRESS	431 ARCHAIC DR., BOX 89
CITY-ST-ZIP	WINTER HAVEN, FL 33880

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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CITY-ST-ZIP	

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _Glenda L Moore_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/18/06

863
412-4778
Daytime Phone #