

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90062 024 ***158.75

DOCUMENT # P04000045996

1. Entity Name

GLENN GRUNEWALD MAINTENANCE & REPAIR, INC.



Principal Place of Business

3971 MARVAEZ ST.
FT. MYERS FL 33901

Mailing Address

3971 MARVAEZ ST.
FT. MYERS FL 33901

2. Principal Place of Business

1875 WINKLER AVE

3. Mailing Address

1875 WINKLER AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT MYERS FL

City & State

FT MYERS FL

Zip

33901

Country

LEE

Zip

33901

Country

LEE

4. FEI Number

20-0897801

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRUNEWALD, GLENN
3971 MARVAEZ ST.
FT. MYERS FL 33901

7. Name and Address of New Registered Agent

Name: GLENN GRUNEWALD
Street Address (P.O. Box Number is Not Acceptable):
1875 WINKLER AVE

City: FT MYERS FL Zip Code: 33901

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-14-05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP	PD GRUNEWALD, GLENN 3971 MARVAEZ ST. FT. MYERS FL 33901	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MCCOY, DEBORAH J 3971 MARVAEZ ST. FT. MYERS FL 33901	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	GRUNEWALD, GLENN 1875 WINKLER AVE FT MYERS FL 33901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MCCOY DEBORAH J 1875 WINKLER AVE FT MYERS FL 33901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-05 239 560-8939

Date

Daytime Phone #