

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90474 044 ***150.00

DOCUMENT # P04000082138

1. Entity Name
GLN CORP.



Principal Place of Business
**19616 GULF BLVD APT 502
INDIAN SHORES, FL 33785-2357**

Mailing Address
**19616 GULF BLVD APT 502
INDIAN SHORES, FL 33785-2357**

50017457

2. Principal Place of Business
3802 GRAYTON DRIVE
Suite, Apt. #, etc.

3. Mailing Address
3802 GRAYTON DRIVE
Suite, Apt. #, etc.

City & State
NEW PORT RICHEY, FL

City & State
NEW PORT RICHEY, FL

04272006 Chg-P CR2E034 (11/05)

4. FEI Number
54-2152895

Applied For
Not Applicable

Zip
34652

Country

Zip
34652

Country

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

6. Name and Address of Current Registered Agent

**FUNK, GREGORY PATRIC K
19616 GULF BLVD APT 502
INDIAN SHORES, FL 33785-2357**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
3802 GRAYTON DRIVE

City
NEW PORT RICHEY

FL

Zip Code
34652

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

**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**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **FUNK, GREGORY PATRIC K**
STREET ADDRESS **19616 GULF BLVD APT 502**
CITY-ST-ZIP **INDIAN SHORES, FL 337852357**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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TITLE ☐ Delete
NAME
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 **3802 GRAYTON DRIVE**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34652**

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/06