2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Jun 13, 2005 8:00 am **Secretary of State** DOCUMENT # P04000108930 1. Entity Name 05-04-2005 90179 013 \*\*\*150.00 GLOPY CONSTRUCTION, INC. Principal Place of Business Mailing Address 3112 MANOR DRIVE NE PALM BAY FL 32905 3112 MANOR DRIVE NE PALM BAY FL 32905 66022694 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Reculred 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHILLINGER, CHARLES A ESQUIRE Street Address (P.O. Box Number is Not Acceptable) 1311 BEDFORD DRIVE **MELBOURNE FL 32940** Ċiv 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 . Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DILE ☐ Delete HILE ☐ Addition YANES, GLORIA P NAME NAME 3112 MANOR DRIVE NE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BAY FL 32905 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Channe NAME STREET ADDRESS STREET ADDRESS CITY-SI-7P CHTY- ST-ZIP TIFLE Oelete ITTLE ☐ Change ☐ Addition MALAF NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP 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: PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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