

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 02, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90320 004 \*\*\*150.00

**DOCUMENT # P04000124300**

1. Entity Name

**GLOW PRODUCTS INC.**



Principal Place of Business

P.O. BOX 220381  
HOLLYWOOD FL 33022  
US

Mailing Address

P.O. BOX 220381  
HOLLYWOOD FL 33022  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**35-2236826**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**WINKLER, ROBERT**  
**1323 JEFFERSON ST.**  
**HOLLYWOOD FL 33019**

7. Name and Address of New Registered Agent

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

Signature of person named in registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**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 **P** ☐ Delete

NAME **WINKLER, ROBERT**

STREET ADDRESS **P.O. BOX 220381**

CITY- ST- ZIP **HOLLYWOOD FL 33022**

TITLE **VP** ☐ Delete

NAME **GORDON WINKLER, LORI**

STREET ADDRESS **P.O. BOX 220381**

CITY- ST- ZIP **HOLLYWOOD FL 33022**

TITLE **SEC** ☐ Delete

NAME **GORDON WINKLER, LORI**

STREET ADDRESS **P.O. BOX 220381**

CITY- ST- ZIP **HOLLYWOOD FL 33022**

TITLE **TRE** ☐ Delete

NAME **GORDON WINKLER, LORI**

STREET ADDRESS **P.O. BOX 220381**

CITY- ST- ZIP **HOLLYWOOD FL 33022**

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

CITY- ST- ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY- ST- ZIP

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NAME

STREET ADDRESS

CITY- ST- ZIP

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 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: *x*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Robert Winkler*

*4/13/05*

*954-610-4005*

Daytime Phone #