2005 FOR PROFIT CORPORATION ANNUAL REPORT

05 JUL 15 PH 4: 26 **DOCUMENT # P04000135425** 1. Entity Name SECILLIANASSEE, FLORIDA GLENDALE PROPERTIES & INVESTMENTS INC. Principal Place of Business Mailing Address 12101 SW 2ND STREET 12101 SW 2ND STREET 50054703 PLANTATION, FL 33325 PLANTATION, FL 33325 2. Principal Place of Business 3. Mailing Address 3540 N.W. 50 Ave P.O. BOX 15924 Suite, Apt. #, etc. Suite, Apt. #, etc. 06282005 Cha-P CR2E034 (10/03) Suite K-119 City & State Plantation Applied For City & State 4. FEI Number FL 81-0655625 <u>auderdale</u> Lakes Not Applicable Country U.S. Zip Ζip \$8.75 Additional 5. Certificate of Status Desired 333<u>19</u> 33318 U. S . Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Dalen, Jesse DALEN, JESSE Street Address (P.O. Box Number is Not Acceptable) **12101 SW 2ND STREET** PLANTATION, FL 33325 3540 N.W. 50th Ave. Suite K-119 City Lauderdale Lakes 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 i (NOTE: Registered Agent signature required when rainstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be Added to Feas In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 7, 2005 corporation did not receive the prior notice. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 3540 N.W. 50 th Ave Suite K.119
Lauderdale Lakes FL 33319 TITLE Delete TITLE NAME GAYLE: LUTHER W NAME STREET ADDRESS 12101 SW 2ND STREET STREET ADDRESS CITY-ST-ZIP PLANTATION, FL 33325 ÇITY-ST-ZIP TITLE Delete TUTLE Change Addition 3540 N.W. 50 Ave. Suite K-119 DALEN, JESSE C NAME NAME STREET ADDRESS 12101 SW 2ND STREET STREET ADDRESS Lauderdale Lakes FL 33719 CITY-ST-ZIP PLANTATION, FL 33325 CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ■ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7P 12. I hereby certify that the information supplied with this filling 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 educative like impowered. 3€55€ SIGNATURE:

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