

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000140694

FILED
Apr 28, 2009
Secretary of State

Entity Name: GLEICHOWSKI ASSET MANAGEMENT ENTERPRISES, INC.

Current Principal Place of Business:

4809 SW 91ST TERRACE
GAINESVILLE, FL 32608 US

New Principal Place of Business:

250 NW 76TH DRIVE
SUITE B
GAINESVILLE, FL 32607 US

Current Mailing Address:

4809 SW 91ST TERRACE
GAINESVILLE, FL 32608 US

New Mailing Address:

250 NW 76TH DRIVE
SUITE B
GAINESVILLE, FL 32607 US

FEI Number: 20-1734021

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POLLACK & BLOOM, LLC
11555 HERON BAY BLVD.
200
CORAL SPRINGS, FL 33076 US

Name and Address of New Registered Agent:

GLEICHOWSKI, RYAN
250 NW 76TH DRIVE
SUITE B
GAINESVILLE, FL 32607 US

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.

SIGNATURE: RYAN GLEICHOWSKI

04/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTSD () Delete
Name: GLEICHOWSKI, RYAN D
Address: 5135 SW 105TH WAY
City-St-Zip: GAINESVILLE, FL 32608 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RYAN GLEICHOWSKI

PTSD

04/28/2009

Electronic Signature of Signing Officer or Director

Date