


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90022 021 ***150.00

DOCUMENT # P04238	
1. Entity Name GLEASON CORPORATION	

Principal Place of Business 7299 LAKE SHORE DR CHELSEA MI 48118-6530	Mailing Address 4629 RUE BAYOU SANIBEL FL 33957
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2. Principal Place of Business 4045 FAIRMONT ST	3. Mailing Address 4045 FAIRMONT ST
Suite, Apt. #, etc. ATT: PL KURAS	Suite, Apt. #, etc.
City & State Waterford MI	City & State
Zip 48328	Country USA



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent GLEASON, CHARLES C. 4629 RUE BAYOU SANIBEL FL 33957

4. FEI Number 38-2295703	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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, 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, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GLEASON, JANET M. 7299 LAKE SHORE CHELSEA MI <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GLEASON, JANET M 4629 RUE BAYOU SANIBEL, FL 33957 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Janet M Gleason **2/8/04** **239.472.1047**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #