

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000039251

FILED
Feb 04, 2008
Secretary of State

Entity Name: THE GLADES SALES CORPORATION, INC.

Current Principal Place of Business:

4382 INDIAN HILLS DR
MOORE HAVEN, FL 33471

New Principal Place of Business:

Current Mailing Address:

4382 INDIAN HILLS DR
MOORE HAVEN, FL 33471

New Mailing Address:

FEI Number: 20-2493401

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOFTIS, ROBERT
4382 INDIAN HILLS DRIVE
MOORE HAVEN, FL 33471 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LOFTIS, ROBERT W
Address: 4382 INDIAN HILLS DRIVE
City-St-Zip: MOORE HAVEN, FL 33471

Title: V () Delete
Name: LOFTIS, SHARON L
Address: 4382 INDIAN HILLS DRIVE
City-St-Zip: MOORE HAVEN, FL 33471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VTS (X) Change () Addition
Name: LOFTIS, SHARON L
Address: 4382 INDIAN HILLS DRIVE
City-St-Zip: MOORE HAVEN, FL 33471

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: ROBERT W LOFTIS

P

02/04/2008

Electronic Signature of Signing Officer or Director

Date