2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 22, 2007 08:00 AM DOCUMENT # P05000060047 **Secretary of State** 1. Entity Name GLYNNS GROUNDS MAINTENANCE INC. Principal Place of Business Mailing Address 2921 AZALEA ROAD 2921 AZALEA ROAD APOPKA, FL 32703 APOPKA, FL 32703 01162007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2723030 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent A SECTION OF STREET GLYNN, JASON H DO NOT WRITE 2921 AZALEA ROAD APOPKA, FL 32703 IN THIS SPACE 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 little if applicable (NOTE: Repistered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 **U00**0000598347 Trust Fund Contribution. Added to Fees 01/24/07-80073-010 150.00 OFFICERS AND DIRECTORS 10. TITLE GLYNN, JASON H NAME STREET ADDRESS 2921 AZALEA ROAD APOPKA, FL 32703 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRI CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

GNATURE AND TYPED OR PROSPED NAME OF BIGNING OFFICER OR DIRECTOR

1-16-07

407-293-2663

Daytime Phone #

FILED