2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 17, 2008 08:00 A Secretary of State DOCUMENT # P05000070833 1. Entity Name GEORGE GLUSCHENKO ENTERPRISES INC Principal Place of Business Mailing Address 2570 ALAMANDER AVE 2570 ALAMANDER AVE **ENGLEWOOD FL 34223 ENGLEWOOD FL 34223** 2. Principal Place of Business - No P.O. Box # 3. Maling Address Suite, Apl. #. etc. Suite Apt. #, etc. 1st MOORE CR2E034 (10/07) 4. FE! Number City & State City & State Applied For 20-3323938 Not Applicable Country Zip Country Zio \$8.75 Additional 5. Certificate of Status Desired. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GLUSCHENKO, JR., GEORGE Street Address (P.O. Box Number is Not Acceptable) 2570 ALAMANDER AVE **ENGLEWOOD FL 34223** City 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 preced name of registered opent and the flurnication (RiOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Dalete THUE ☐ Change ■ Addition GLUSCHENKO, JR., GEORGE NAME HAME 2570 ALAMANDER AVE STREET ADDRESS STREET ADDRESS ENGLEWOOD FL 34223 CITY-ST-ZIP CITY-ST-ZIP TITLE Derete TITLE ☐ Change Addition NAME HAME U00000882584 STREET ADDRESS STREET ADDRESS 04/03/08-80056-003 150.00 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Derete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Deiete TITLE ☐ Change ☐ Addition MAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-S1-78P TITLE De ete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP DILE ☐ Delete TITLE Change: ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CHY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119. Florida Statutes. I furtner certify that the information indicated on this report or supplier/tental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an efficer or director of the corporation or the receiver for 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:

GNATURE AND TYPED ON PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-08 9416281546

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