


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

|   |   |
|---|---|
| <b>DOCUMENT # P05000106230</b><br>1. Entity Name<br><b>DEBORAH GLOMB REALTY, INC.</b> |  |
|---|---|

|  |  |
|--|--|
| Principal Place of Business<br><b>3850 S.E. 58TH AVE<br/>OCALA, FL 34480</b> | Mailing Address<br><b>3850 S.E. 58TH AVE<br/>OCALA, FL 34480</b> |
|--|--|

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**GLOMB, DEBORAH  
3850 S.E. 58TH AVE  
OCALA, FL 34480**

**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |
|---|---|

10. OFFICERS AND DIRECTORS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PO<br>GLOMB, DEBORAH<br>3859 SE 58 AVE<br>OCALA, FL 34480 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |

**200098564752**  
**04/25/07--01038--016 \*\*150.00**

**DO NOT WRITE  
IN THIS SPACE**

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: Deborah M. Glomb 2/13/07 352-624-3151  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

APPROVED  
AND  
FILED

07 APR 23 AM 9:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02012007 No Chg-P CR2E034 (11/05)

|   |  |
|---|--|
| 4. FEI Number<br><b>20-3231344</b>                        | Applied For<br>Not Applicable            |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional<br>Fee Required |