

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000129816

1. Entity Name
GLEN EAGLE INVESTMENT GROUP, INC.



Principal Place of Business
**11475 SWIFT WATER CIRCLE
ORLANDO, FL 32817**

Mailing Address
**969 CROSS CUT WAY
LONGWOOD, FL 32750**



02042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3504159	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DETMER, DAVID A TREASUR
969 CROSS CUT WAY
LONGWOOD, FL 32750**

**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 _____

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

**U000000627846
02/15/07-80075-021 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCLEMORE, RONALD W 1620 EAGLE NEST CIRCLE WINTER SPRINGS, FL 32708
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DETMER, DAVID A 969 CROSS CUT WAY LONGWOOD, FL 32750
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SANDERS, WILLIAM A 1622 EAGLE NEST CIRCLE WINTER SPRINGS, FL 32708
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOBEK, MARTIN A 11475 SWIFT WATER CIRCLE ORLANDO, FL 32817
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STINSON, THOMAS L 4438 LITTLE WATER STREET ORLANDO, FL 32817
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

**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: *David A. Detmer* **David A. Detmer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/07

Date

407-810-9307

Daytime Phone #