


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 23, 2008 8:00 am**  
**Secretary of State**

05-23-2008 90018 022 \*\*\*400.00

DOCUMENT # P05000141248					
1. Entity Name GLENN'S GOURMET GOODIES, INC					
Principal Place of Business <del>620 HILLMONT ST</del> <del>HUNTSVILLE, AL 35816</del>			Mailing Address <del>P.O. BOX 215</del> <del>MADISON, AL 35758</del>		
2. Principal Place of Business - No P.O. Box # <i>811 McCullough Ave</i>		3. Mailing Address <i>P.O. Box 18186</i>			
City & State <i>Huntsville, AL</i>		City & State <i>Huntsville, AL</i>		4. FEI Number <b>20-3626980</b>	
Zip <i>35801</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  NELSON, CPA, KATHY E 4771 LIVINGSTON DR PENSACOLA, FL 32504			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when resigning) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLEMAN, MARILYN T <del>620 HILLMONT ST</del> <del>HUNTSVILLE, AL 35816</del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>811 McCullough Ave</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit <i>Huntsville, AL 35804</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COLEMAN, GLENN C JR. <del>620 HILLMONT ST</del> <del>HUNTSVILLE, AL 35816</del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>811 McCullough Ave.</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit <i>Huntsville, AL 35804</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit	
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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Mary T. Coleman</i>			Date: <i>5/21/08</i> (850) 791-6647		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					