

2007 FOR PROFIT CORPORATION ANNUAL REPORT (APR)

FILED
Jun 07, 2007 8:00 am
Secretary of State

05-18-2007 90018 014 ***150.00

DOCUMENT # P06000094216 1. Entity Name GLENN-MILLER, INC.			
Principal Place of Business 3600 BROADWAY AVE. WEST PALM BEACH FL 33407		Mailing Address 3600 BROADWAY AVE. WEST PALM BEACH FL 33407	
2. Principal Place of Business - No P.O. Box # 3600 Broadway Ave Suite, Apt. #, etc.		3. Mailing Address 3600 Broadway Ave Suite, Apt. #, etc.	
City & State West Palm Bch, FL Zip 33407		City & State West Palm Bch, FL Zip 33407	
Country Palm Bch		Country Palm Bch	
4. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BEGENS, JEFFREY ESQ. 3315 BROADWAY AVE. WEST PALM BEACH FL 33407		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	D MILLER, KEITH 3600 BROADWAY AVE. WEST PALM BEACH FL 33407 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D GLENN, LOREN 3600 BROADWAY AVE. WEST PALM BEACH FL 33407 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>Loren S Glenn VP</u> <u>4/30/07</u> <u>561-841-4727</u> <small>DATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			