

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000033605

**FILED**  
**Apr 24, 2010**  
**Secretary of State**

**Entity Name:** GLENN'S EXPANDED HORIZONS, INC.

**Current Principal Place of Business:**

60 A EVALINDA STREET  
CRAWFORDVILLE, FL 32327

**New Principal Place of Business:**

**Current Mailing Address:**

60 A EVALINDA STREET  
CRAWFORDVILLE, FL 32327

**New Mailing Address:**

**FEI Number:** 36-4605208

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GLENN, JOCELYN  
60 A EVALINDA STREET  
CRAWFORDVILLE, FL 32327 US

**Name and Address of New Registered Agent:**

GLENN, JOCELYN K PD  
60 A EVALINDA STREET  
CRAWFORDVILLE, FL 32327 US

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.

**SIGNATURE:** JOCELYN K GLENN

04/24/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** GLENN, JOCELYN K PD  
**Address:** 60 A EVALINDA STREET  
**City-St-Zip:** CRAWFORDVILLE, FL 32327

**Title:** VPT  
**Name:** GLENN, JOCELYN  
**Address:** 60 A EVALINDA STREET  
**City-St-Zip:** CRAWFORDVILLE, FL 32327

**Title:** S  
**Name:** GLENN, JOCELYN  
**Address:** 60 A EVALINDA STREET  
**City-St-Zip:** CRAWFORDVILLE, FL 32327

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** JOCELYN K GLENN

PD

04/24/2010

Electronic Signature of Signing Officer or Director

Date