

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000059733

Entity Name: GLENNS INSURANCE INC

**FILED**  
**Mar 07, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

3086 JOG ROAD  
GREENACRES, FL 33467

**New Principal Place of Business:**

**Current Mailing Address:**

3086 JOG ROAD  
GREENACRES, FL 33467

**New Mailing Address:**

FEI Number: 51-0500757

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GLENN, CHRISTOPHER E  
3086 JOG ROAD  
GREENACRES, FL 33467 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GLENN, CHRISTOPHER E  
Address: 541 ALEJANDRO LANE  
City-St-Zip: WEST PALM BEACH, FL 33413

Title: VP  
Name: GLENN, ROCHELLE D  
Address: 541 ALEJANDRO LANE  
City-St-Zip: WEST PALM BEACH, FL 33413

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: CHRISTOPHER GLENN

PRES

03/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date