

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90078 004 ***150.00

DOCUMENT # P93000000088					
1. Entity Name GLAZE ASSOCIATES, INC.					
Principal Place of Business 3792 E MILLERS BRIDGE CIRCLE TALLAHASSEE, FL 32312 US			Mailing Address 3792 E MILLERS BRIDGE CIRCLE TALLAHASSEE, FL 32312 US		
2. Principal Place of Business 3792 E. MILLERS BRIDGE RD.		3. Mailing Address 3792 E. MILLERS BRIDGE RD.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country			
4. FEI Number 59-3157517					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent GLAZE, RICHARD S 3792 E MILLERS BRIDGE CIRCLE TALLAHASSEE, FL 32312			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3792 E. MILLERS BRIDGE ROAD City FL 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: <i>Richard S. Glaze</i> RICHARD S. GLAZE, PRESIDENT 4/13/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <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	DP GLAZE, RICHARD S 3792 E MILLERS BRIDGE CIRCLE TALLAHASSEE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	3792 E. MILLERS BRIDGE ROAD TALLAHASSEE, FL 32312	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GLAZE, LINDA 3792 E MILLERS BRIDGE CIRCLE TALLAHASSEE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	3792 E. MILLERS BRIDGE ROAD TALLAHASSEE FL 32312	
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	
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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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	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Richard S. Glaze</i> RICHARD S. GLAZE 4/13/04 850/893-0818 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					