

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 18, 2006 08:00 AM
Secretary of State**

DOCUMENT # P93000000088

1. Entity Name
GLAZE ASSOCIATES, INC.



Principal Place of Business
**3792 E MILLERS BRIDGE RD.
TALLAHASSEE, FL 32312 US**

Mailing Address
**3792 E MILLERS BRIDGE RD.
TALLAHASSEE, FL 32312 US**



02052006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3157517

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GLAZE, RICHARD S
3792 E MILLERS BRIDGE RD.
TALLAHASSEE, FL 32312**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	GLAZE, RICHARD S
STREET ADDRESS	3792 E MILLERS BRIDGE RD.
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	DS
NAME	GLAZE, LINDA
STREET ADDRESS	3792 E MILLERS BRIDGE RD.
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/01/06-80020-003 150.00

**DO NOT WRITE
IN THIS SPACE**

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 if changed, or on an attachment with an address, with all other I ke empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard S. Glaze **RICHARD S. GLAZE**

4/17/06

DATE

850/843-0818

DAYTIME PHONE #