

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2005 8:00 am
Secretary of State

07-11-2005 90197 006 ***158.75

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06302005 Chg-P CR2E034 (10/03)

DOCUMENT # P93000028842

1. Entity Name
GLADES LEASING, INC.



Principal Place of Business
525 N.W. AVE. L.
BELLE GLADE, FL 33430

Mailing Address
525 N.W. AVE. L.
BELLE GLADE, FL 33430

2. Principal Place of Business
12688 Headwater Circle
Suite, Apt. #, etc.

3. Mailing Address
12688 Headwater Circle
Suite, Apt. #, etc.

City & State
WELLINGTON, FL

City & State
Wellington

Zip
33414

Country
PALM BEACH

Zip
33414

Country
PALM BEACH

4. FEI Number
65-0438699 20-1661531

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HORSLEY, MICHAEL
525 N.W. AVE. L.
BELLE GLADE, FL 33430

7. Name and Address of New Registered Agent

Name
Horsley, MICHAEL

Street Address (P.O. Box Number is Not Acceptable)
12688 Headwater Circle

City
Wellington

FL

Zip Code
33414

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 *Michael Horsley* DATE 7-7-05

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HORSLEY, MICHAEL 13376 BEDFORD MEWS CT. W. PALM BEACH, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT Horsley, MICHAEL 12688 Headwater Circle Wellington, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HORSLEY, BETTY 525 NW AVE L BELLE GLADE, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Horsley, BETTY 12688 Headwater Circle Wellington, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: *Michael Horsley* DATE 7-7-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR