

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 05, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P93000043274

1. Entity Name

FIRST GLADES CORPORATION



Principal Place of Business

205 S.W.C. OWEN AVE  
CLEWISTON, FL

Mailing Address

P.O. BOX 1779  
CLEWISTON, FL 33440



01212004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-0440410

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

IGLER, A. GEORGE  
% IGLER, POWERS & DOUGHERTY  
1501 PARK AVE EAST  
TALLAHASSEE, FL 32301

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

1000000103442  
04/05/04-80056-008 300.00

10. OFFICERS AND DIRECTORS

TITLE	PC
NAME	COLEMAN, BURLIN
STREET ADDRESS	205 S.W.C. OWEN AVE
CITY-ST-ZIP	CLEWISTON, FL
TITLE	DS
NAME	COLEMAN, LARRY
STREET ADDRESS	205 S.W.C. OWEN AVE
CITY-ST-ZIP	CLEWISTON, FL
TITLE	D
NAME	COLEMAN, HAZELETTE, KAY
STREET ADDRESS	205 S.W.C. OWEN AVE
CITY-ST-ZIP	CLEWISTON, FL
TITLE	D
NAME	SHUPE, CHRISTOPHER H
STREET ADDRESS	205 S.W.C. OWEN AVE
CITY-ST-ZIP	CLEWISTON, FL
TITLE	T
NAME	STEINMETA, RAYMOND W JR
STREET ADDRESS	205 S. WC OWEN AVE.
CITY-ST-ZIP	CLEWISTON, FL 33440
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Raymond W. Steinmeta Jr*

RAYMOND W. STEINMETA JR

1-21-04

863 983-6187

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #