


2005
**2004 FOR PROFIT CORPORATION
 AMENDED ANNUAL REPORT**

DOCUMENT # P93000048080		
1. Entity Name GLENRAND CORP.		

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

05 MAR 23 AM 8:14

Principal Place of Business 2625 NW 51ST PLACE C/O MARILYN WEBB TAMARAC, FL 33309	Mailing Address 2625 NW 51ST PLACE C/O MARILYN WEBB TAMARAC, FL 33309
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

09142004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0423395	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WEBB, MARILYN 2625 NW 51ST PLACE TAMARAC, FL 33309 <u>Do not amend</u>		Name <i>Marilyn W. Webb</i> Street Address (P.O. Box Number is Not Acceptable) 2625 NW 51ST PL Tamarac City FL Zip Code 33309	

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 *Marilyn W. Webb*
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐ \$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	P WEBB, MARILYN W 2625 NW 51ST PL TAMARAC, FL 33309 <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	S WEBB, MARILYN W 2625 NW 51ST PL TAMARAC, FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	600050510286 04/12/05--01003--003 **70.00 <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: *Marilyn W. Webb Pres.* *Marilyn W. Webb* 9/26/04 954-714-8287
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #