

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT #P94000027904

1. Entity Name  
GLENNAIR, INC.



FILED  
Feb 11, 2004 08:00 AM  
Secretary of State

Principal Place of Business  
31 BLACKWATER LANE  
KEY LARGO, FL 33037

Mailing Address  
31 BLACKWATER LANE  
KEY LARGO, FL 33037

8 F 5 0 , , , , . 3 5 , 0 F &

The fee to file the profit annual report is \$15.  
However, please add an additional \$8.75. And  
**DO NOT WRITE IN THIS SPACE**

01112004 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0482533

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

RILEY, GLENN A  
31 BLACKWATER LANE  
KEY LARGO, FL 33037

**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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RILEY, GLENN A 31 BLACKWATER LANE KEY LARGO, FL 33037
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1100000047276  
02/12/04-80034-006 150.00

**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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/4/04 (305) 451-7026