


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90078 043 ***150.00

P94000027904 1. Entity Name GLENNAIR, INC.	
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Principal Place of Business 31 BLACKWATER LANE KEY LARGO, FL 33037	Mailing Address 31 BLACKWATER LANE KEY LARGO, FL 33037
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50028007

2. Principal Place of Business 26 SWALLOW RD	3. Mailing Address 16901 SW 278 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State KEY LARGO, FL	City & State HOMESTEAD, FL
Zip 33037	Zip 33031
Country MONROE	Country DADE



03142005 0000 000000000000

4. FEI Number 65-0482533	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 00000000 00000 000000
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6. Name and Address of Current Registered Agent RILEY, GLENN A 31 BLACKWATER LANE KEY LARGO, FL 33037
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 000000 0000000000
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RILEY, GLENN A 31 BLACKWATER LANE KEY LARGO, FL 33037 <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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: Glenn A. Riley 3-14-05-305795274
 SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR Date Daytime Phone #