

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000000415

1. Entity Name  
GLORIA RECTOR VESSEL DOCUMENTATION, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

37 APR 20 AM 8:46

Principal Place of Business  
3355 BEARSS AVE  
TAMPA, FL 33618 US

Mailing Address  
16528 N. DALE MABRY HWY  
TAMPA, FL 33618 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04202007

Chg-P

CR2E034 (12/06)

4. FEI Number

59-3355953

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANDERS, WALTER  
16528 N. MABRY HWY  
TAMPA, FL 33618

Name

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

City

FL

Zip Code

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, 2007 Fee will be \$550.00**

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 PST  
NAME BEALE, JANE ☐ Delete  
STREET ADDRESS 1315 VALLEY HILL EAST  
CITY-ST-ZIP LAKELAND, FL 33813

TITLE S/T  
NAME BEALE, JOHN E ☐ Delete  
STREET ADDRESS 1315 VALLEY HILL EAST  
CITY-ST-ZIP LAKELAND, FL 33813

TITLE VP  
NAME FIELDS, KRISTI M ☐ Delete  
STREET ADDRESS 1321 VALLEY HILL DR  
CITY-ST-ZIP LAKELAND, FL 33813

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☐ Change ☒ Addition  
NAME Coralie R. Coleman  
STREET ADDRESS 1319 Valley Hill Drive  
CITY-ST-ZIP Lakeland, FL 33813

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME 500098053545  
STREET ADDRESS 04/24/07--01008--017  
CITY-ST-ZIP \*\*300.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*Jane H Beale Pres.*

4-20-07

863-644-5536

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #