2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P96000061345

1. Entity Name
GLADES OIL WELL, INC.

Principal Place of Business	Mailing Address
280 SE AVE E BELLE GLADE, FL 33430	PO BOX 1762 BELLE GLADE, FL 33430

DO NOT WRITE IN THIS SPACE

03292007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0682521	Not Applicable

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

6. Name and Address of Current Registered Agent

CONGLETON, JAY M
280 SE AVE E
BELLE GLADE, FL 33430

**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, 2007 Fee will be $550.00 | 9. Election Campaign Financing
 Trust Fund Contribution. ☐ | **$5.00** May Be
 Added to Fees | |

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CONGLETON, JAY M
STREET ADDRESS	965 TABIT RD
CITY-ST-ZIP	BELLE GLADE, FL 33430
TITLE	D
NAME	CONGLETON, LORI B
STREET ADDRESS	965 TABIT RD
CITY-ST-ZIP	BELLE GLADE, FL 33430
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/15/07-80047-014 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _Jay M. Congleton_   Jay M. Congleton   4/26/07   561-996-0555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #