

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000078366

1. Entity Name
GLENDALE TRUCKING, INC.



Principal Place of Business
921 COUNTY HIGHWAY 185
DEFUNIAK SPRINGS, FL 32433

Mailing Address
921 COUNTY HIGHWAY 185
DEFUNIAK SPRINGS, FL 32433



02102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-1492631

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LAIRD, C. WYNDOL
921 COUNTY HIGHWAY 185
DEFUNIAK SPRINGS, FL 32433

**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 renewing)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000830793
02/26/08-80098-017 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME LAIRD, C. WYNDOL
STREET ADDRESS 921 COUNTY HIGHWAY 185
CITY-ST-ZIP DEFUNIAK SPRINGS, FL 32433

TITLE D
NAME LAIRD, BECKY
STREET ADDRESS 921 COUNTY HIGHWAY 185
CITY-ST-ZIP DEFUNIAK SPRINGS, FL 32433

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: Cyrus Wyndol Laird
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-08
Date

850-859-2523
Daytime Phone #