

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 05, 2007 08:00 AM
Secretary of State



DOCUMENT # P96000093785

1. Entity Name
GLASE GOLF, INC.

Principal Place of Business 27730 FAYGIN LN BONITA SPRINGS FL 34135 US	Mailing Address 27730 FAYGIN LN BONITA SPRINGS FL 34135 US
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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

1st MOORE CR2E034 (10/06)

4. FEI Number **59-3413618** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BROWNING, ROBERT W ATRNY
1800 2ND ST
STE 755
SARASOTA FL 34236**

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	JAMES A GLASE
STREET ADDRESS	6355 22ND AVE. NW
CITY-STATE-ZIP	NAPLES FL 34119
TITLE	VP <input type="checkbox"/> Delete
NAME	DARWIN L SHARP III
STREET ADDRESS	4412 SW 7TH AVE
CITY-STATE-ZIP	CAPE CORAL FL 33914
TITLE	ST <input type="checkbox"/> Delete
NAME	GLASE, JEAN A
STREET ADDRESS	6355 22ND AVE. NW
CITY-STATE-ZIP	NAPLES FL 34119
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U00000619663
CITY-STATE-ZIP	02/09/07-80005-008 450.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: James A Glase **1-26-07** **239-947-8700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #