## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 22, 2004 08:00 AM Secretary of State DOCUMENT # P96000096398 GLENCO STORES, II, INC. Mailing Address Principal Place of Business 150 MARINER BLVD. 150 MARINER BLVD. SPRING HILL, FL 34609 US SPRING HILL, FL 34609 03042004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3410833 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROSANDER, CHRISTINA DO NOT WRITE 150 MARINER BLVD. SPRING HILL, FL 34609 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 tamiliar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150,00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIREC 10. TITLE ROSANDER, MARK NAME STREET ADDRESS 150 MARINER BLD. U00000093312 03/22/04-80013-008[150.00 CITY-ST-ZIP SPRING HILL, FL TITLE ROSANDER, CHRISTINA NAME STREET ADDRESS 150 MARINER BLVD. CITY-ST-ZIP SPRING HILL, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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. 352

NAME STREET ADDRESS CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/2004

1088-1400

Davime Phone #

**FILED**