


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000057023


1. Entry Name
GLENCROSS, INC.



Principal Place of Business Mailing Address

322 ELIZABETH ST. 322 ELIZABETH ST.
 KEY WEST, FL 33040 KEY WEST, FL 33040

DO NOT WRITE IN THIS SPACE



04082004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0776008 Not Applicable

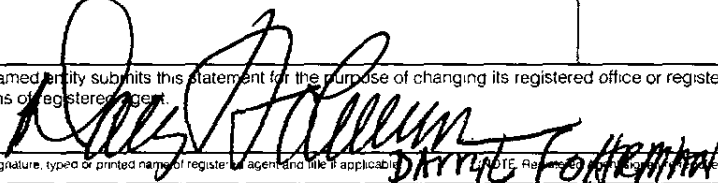
5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FOHRMAN, DARRYL
322 ELIZABETH STREET
KEY WEST, FL 33040

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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:  **DARRYL FOHRMAN** DATE: **4/23/2004**

Signature, typed or printed name of registered agent and title if applicable NOTE: Registered agent must be reinstated when reinstating

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

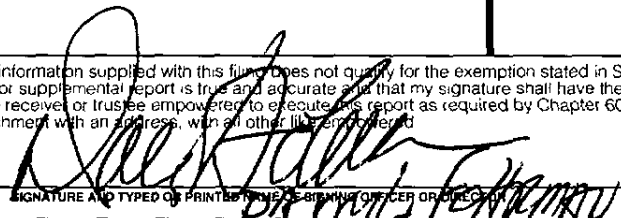
10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	FOHRMAN, DARRYL
STREET ADDRESS	322 ELIZABETH
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	S
NAME	FOHRMAN, DARRYL
STREET ADDRESS	322 ELIZABETH STREET
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 05/12/04-80001-004 300.00

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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 empowers.

SIGNATURE:  DATE: **4/23/2004** DAYTIME PHONE: **305-296-8810**

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR