

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90132 031 ***150.00

DOCUMENT # P97000091567

1. Entity Name

GLASER HOMES, INC.



Principal Place of Business

2199 EGRET DRIVE
CLEARWATER FL 33764

Mailing Address

2199 EGRET DRIVE
CLEARWATER FL 33764

2. Principal Place of Business

1026 ROUNDSTONE PLACE

3. Mailing Address

1026 ROUNDSTONE PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/05)

City & State
PALM HARBOR FL

City & State
PALM HARBOR FL

4. FEI Number

59-3475378

Applied For

Not Applicable

Zip
34683

Country
USA

Zip
34683

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GLASER, GERALD E
2199 EGRET DRIVE
CLEARWATER FL 33764

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 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	D	<input type="checkbox"/> Delete
NAME	GLASER, GERALD E	
STREET ADDRESS	2199 EGRET DRIVE	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-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:

Gerald E. Glaser GERALD E. GLASER 727-644-4154

2/27/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #