

2007 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

DOCUMENT # P98000028178

1. Entity Name
THE GLEN II CORPORATION



07 APR 25 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JSR



Principal Place of Business 2811-E INDUSTRIAL PLAZA TALLAHASSEE, FL 32301	Mailing Address 2811-E INDUSTRIAL PLAZA TALLAHASSEE, FL 32301
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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

03302007 Chg-P CR2E034 (12/06)

4. FEI Number
59-3507623

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HAZVINI, MEHRDAD
2811-E INDUSTRIAL PLAZA
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name
Ghazvini, Behzad

Street Address (P.O. Box Number is Not Acceptable)
2811 E Industrial Plaza Dr

City Tallahassee FL Zip Code 32301

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

Behzad Ghazvini

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

(NOTE: Registered Agent signature required when reinstating)

4/24/07

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GHAZVINI, HOSSEIN 2811-E INDUSTRIAL PLAZA TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GHAZVINI, BEHZAD 2811-E INDUSTRIAL PLAZA TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GHAZVINI, MEHRAN 2811-E INDUSTRIAL PLAZA TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GHAZVINI, MEHRDAD 2811-E INDUSTRIAL PLAZA TALLAHASSEE, FL 32301 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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05/03/07--01005--016 **150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/07

Date

514-1000

Daytime Phone #