


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90067 004 \*\*\*150.00

<b>DOCUMENT # P98000028985</b>	
1. Entity Name <b>GLENVILLE MANAGEMENT COMPANY</b>	

Principal Place of Business <b>7805 SARANAC COURT ORLANDO, FL 32835-2616 US</b>	Mailing Address <b>7805 SARANAC COURT ORLANDO, FL 32835-2616 US</b>
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2. Principal Place of Business <b>3514 Capland Ave.</b>	3. Mailing Address <b>3514 Capland Ave.</b>
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —

City & State <b>Clermont, FL</b>	City & State <b>Clermont, FL</b>
Zip <b>34711-5771</b>	Zip <b>34711-5771</b>
Country <b>US</b>	Country <b>US</b>



01272005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent <b>MCDAD, ELIZABETH A 7805 SARANAC COURT ORLANDO, FL 32835-2616</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>3514 Capland Ave.</b> City <b>Clermont</b> FL Zip Code <b>34711-5771</b>	
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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: Elizabeth A. McDade Elizabeth A. McDade Director 01/27/2005  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MCDAD, ELIZABETH A 7805 SARANAC COURT ORLANDO, FL 328352616</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>3514 Capland Ave. Clermont, FL 34711-5771</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Edward D. McDade Jr. 3514 Capland Ave. Clermont, FL 34711-5771</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: Elizabeth A. McDade Elizabeth A. McDade 01/27/2005 352-243-5097  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #