

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90039 038 ***158.75

DOCUMENT # P98000080222					
1. Entity Name GLASSTONE OPERATING COMPANY					
Principal Place of Business 1555 PALM BEACH LAKES BLVD. #1100 WEST PALM BEACH, FL 33401 US			Mailing Address C/O FLORIDA MANAGEMENT COMPANY P.O. BOX 3267 WEST PALM BEACH, FL 33402		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0866398	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ECCLESTONE, E L 1555 PALM BEACH LAKES BLVD. #1100 WEST PALM BEACH, FL 33401			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCP ECCLESTONE, E L 1555 PALM BEACH LAKES BLVD. #1100 WEST PALM BEACH, FL 33401		TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/D HELENA LEYENDECKER 1555 PALM BEACH LAKES BLVD, # 1100 WEST PALM BEACH, FL 33401	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DEVT COOPER, RON 1555 PALM BEACH LAKES BLVD. #1100 WEST PALM BEACH, FL 33401		TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/T NANNETTE GAMMON 1555 PALM BEACH LAKES BLVD, # 1100 WEST PALM BEACH, FL 33401	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GAMMON, NANNETTE 1555 PALM BEACH LAKES BLVD, #1100 WEST PALM BEACH, FL 334021		TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BISHOP, PATRICE G 1555 PALM BEACH LAKES BLVD #1100 WEST PALM BEACH, FL 33401	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)		TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)		TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	
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: <i>Nannette Gammon</i>			NANNETTE GAMMON		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		