

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2005 8:00 am**  
**Secretary of State**

01-14-2005 90016 032 \*\*\*150.00

<b>DOCUMENT # P99000012836</b>	
1. Entity Name <b>EAST GLEN PROFESSIONAL PARK, INC.</b>	

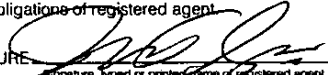
Principal Place of Business <b>9906 SR 64 E BRADENTON, FL 34202</b>	Mailing Address <b>9906 SR 64 E BRADENTON, FL 34202</b>
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2. Principal Place of Business <b>9906 SR 64 E</b> Suite, Apt. #, etc.	3. Mailing Address <b>9906 SR 64 E</b> Suite, Apt. #, etc.
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City & State <b>BRADENTON, FL</b>	City & State <b>BRADENTON, FL</b>
Zip <b>34212</b>	Country <b>Manatee</b>
Zip <b>34212</b>	Country <b>Manatee</b>

6. Name and Address of Current Registered Agent <b>SUPER SYPER, JOHN 9906 SR 64 E BRADENTON, FL 34212</b>	
7. Name and Address of New Registered Agent Name <b>John Super</b> Street Address (P.O. Box Number is Not Acceptable) <b>9906 SR 64 E</b> City <b>BRADENTON</b> FL Zip Code <b>34212</b>	

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  DATE **1/11/05**

(NOTE: Registered Agent signature required when reinstating)

<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 May Be Added to Fees</b>
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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>V OGLES, MARK R 504 137TH ST EAST BRADENTON, FL 34212</b> <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	<b>P SUPER, JOHN 9906 SR 64 E BRADENTON, FL 34212</b> <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
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
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:  DATE **1/4/05** DAYTIME PHONE # **941-708-5306**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR