

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000074812

**FILED**  
**Feb 22, 2011**  
**Secretary of State**

**Entity Name:** M.E. GLENNON & ASSOCIATES, INCORPORATED

**Current Principal Place of Business:**

1344 SW BAYSHORE BLVD.  
PORT SAINT LUCIE, FL 34983

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 881055  
PORT SAINT LUCIE, FL 34988

**New Mailing Address:**

1344 SW BAYSHORE BLVD.  
PORT SAINT LUCIE, FL 34983

**FEI Number:** 65-0967533

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KIRSCH, JEFFREY M  
2100 SE OCEAN BLVD. #203  
STUART, FL 34996 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: GLENNON, MICHAEL E  
Address: 13440SW BAYSHORE BLVD  
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: VP  
Name: MARTINEZ, LUIS  
Address: 1344 SW BAYSHORE BLVD.  
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: DST  
Name: GLENNON, DONNA M  
Address: 1344 SW BAYSHORE BLVD  
City-St-Zip: PORT SAINT LUCIE, FL 34983

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL E. GLENNON

PRES

02/22/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date