

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
May 19, 2008 8:00 am
Secretary of State**

05-19-2008 90041 018 ***150.00

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1. Entity Name
GLADES ROAD PROPERTIES, INC.

Principal Place of Business
50 E SAMPLE ROAD
400
POMPANO BEACH, FL 33064

Mailing Address
50 E SAMPLE ROAD
400
POMPANO BEACH, FL 33064

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

04102008 Chg-P CR2E034 (12/06)

4. FEI Number
65-0950969

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

SCHEER, DANA M
50 E SAMPLE ROAD
STE 400
POMPANO BEACH, FL 33064

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FLORESCUE, BARRY
STREET ADDRESS 701 SE 6TH AVE, SUITE 204
CITY-ST-ZIP DELRAY BEACH, FL 33483

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition

50 E. Sample Road, Suite 400
Pompano Beach, FL 33064

TITLE VD
NAME SCHEER, DANA M
STREET ADDRESS 701 SE 6TH AVE, SUITE 204
CITY-ST-ZIP DELRAY BEACH, FL 33483

Delete

Change Addition

50 E. Sample Road, Suite 400
Pompano Beach, FL 33064

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
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CITY-ST-ZIP

Change Addition

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Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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: *Dana Scheer* *Vice Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/08 (401) 774-3031