


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90056 012 ***150.00

DOCUMENT # S09858

1. Entity Name
ALEX. M. GLUHAREFF, INC.



Principal Place of Business Mailing Address
3596 EMERALD AVE. **P.O. BOX 470**
ST. JAMES CITY, FL 33956 US **ST. JAMES CITY, FL 33956 US**

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

10000110



02062007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
65-0230281 Not Applicable

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

6. Name and Address of Current Registered Agent

GLUHAREFF, ALEXANDER M.
~~**4700 PINE ISLAND ROAD N.W.**~~
~~**MATLACHA, FL 33993**~~

7. Name and Address of New Registered Agent

Name **GLUHAREFF, ALEXANDER M.**
 Street Address (P.O. Box Number is Not Acceptable)
3596 EMERALD AVENUE
 City **ST. JAMES CITY** FL Zip Code **33956**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$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	PST GLUHAREFF, ALEXANDER M. <input type="checkbox"/> Delete 3596 EMERALD AVE. ST. JAMES CITY, FL 33956	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLUHAREFF, ALEXANDER M. <input type="checkbox"/> Delete 3596 EMERALD AVE. ST. JAMES CITY, FL 33956	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GLUHAREFF, ALEX M <input type="checkbox"/> Delete 3040 SW 27 AVENUE, SUITE 101 OCALA, FL 34474	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 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: _____ Date **2/28/07** Daytime Phone # **239-283-0220**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alexander M. Gluhareff
ALEXANDER M. GLUHAREFF