


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # S09858 1. Entity Name ALEX. M. GLUHAREFF, INC.	
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Principal Place of Business 3596 EMERALD AVE. ST. JAMES CITY, FL 33956 US	Mailing Address P.O. BOX 470 ST. JAMES CITY, FL 33956 US
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DO NOT WRITE IN THIS SPACE



02292008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0230281	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GLUHAREFF, ALEXANDER M. 3596 EMERALD AVE SAINT JAMES CITY, FL 33956

**DO NOT WRITE
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000860975 04/02/08-80082-002 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST GLUHAREFF, ALEXANDER M. 3596 EMERALD AVE. ST. JAMES CITY, FL 33956
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLUHAREFF, ALEXANDER M. 3596 EMERALD AVE. ST JAMES CITY, FL 33956
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GLUHAREFF, ALEX M 3040 SW 27 AVENUE, SUITE 101 OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> ALEXANDER M. GLUHAREFF	3/11/08 239-283-0220 <small>Date Daytime Phone #</small>
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