

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90207 041 ***150.00

DOCUMENT # S38918

1. Entity Name
FAIRGLADE, INC.



Principal Place of Business

Mailing Address

~~9385 S.W. 79TH AVENUE~~
~~MIAMI, FL 33156~~ US

~~9385 SW 79 AVE~~
~~MIAMI, FL 33156~~

8500 NW 137 Ave
Morrison FL 32668 → same



02062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0260566

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

COLLINS, KAREN
~~9385 S.W. 79TH AVENUE~~ 8500 NW 137 Ave
~~MIAMI, FL 33156~~ Morrison, FL 32668

**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

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, 2007 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 **COLLINS, KAREN**
STREET ADDRESS 8500 NW 137 Ave
CITY-ST-ZIP ~~MIAMI, FL~~ Morrison, FL 32668

TITLE
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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:

Karen Collins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/07

Date

352-629
4118

Daytime Phone #