

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90010 045 ***150.00

DOCUMENT # **S88733**

1. Entry Name

GLENDAL TRADE CENTER, INC.



Principal Place of Business
3100 43RD AVE.
VERO BEACH FL 32960
US

Mailing Address
3100 43RD AVE.
VERO BEACH FL 32960
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0305909**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SULLIVAN, CHARLES A. SR.
3100 43RD AVE.
VERO BEACH FL 32960

Name **Charles A. Sullivan Jr.**

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

3100 43rd Avenue

City **Vero Beach**

FL

Zip Code **32960**

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 fee if applicable

NOTE: Registered Agent signature required when constituting

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	NAME	SULLIVAN, CHARLES A. SR.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS			3100 43RD AVE.	
CITY-STATE-ZIP			VERO BEACH FL 32960	
TITLE	VPD	NAME	SULLIVAN, HENRIETTA M.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS			3100 43RD AVE.	
CITY-STATE-ZIP			VERO BEACH FL 32960	
TITLE	VPTD	NAME	RADFORD, PATRICIA	<input type="checkbox"/> Delete
STREET ADDRESS			3100 43RD AVE.	
CITY-STATE-ZIP			VERO BEACH FL 32960	
TITLE	OD	NAME	SULLIVAN, CHARLES A., JR	<input type="checkbox"/> Delete
STREET ADDRESS			3100 43RD AVE.	
CITY-STATE-ZIP			VERO BEACH FL 32960	
TITLE	VPD	NAME	SULLIVAN, MICHAEL A	<input type="checkbox"/> Delete
STREET ADDRESS			3100 43RD AVE.	
CITY-STATE-ZIP			VERO BEACH FL 32960	
TITLE	VPD	NAME	SULLIVAN, KATHLEEN R	<input type="checkbox"/> Delete
STREET ADDRESS			3100 43RD AVE.	
CITY-STATE-ZIP			VERO BEACH FL 32960	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-STATE-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 Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/26

Display Phone #