


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2007 08:00 AM
Secretary of State

DOCUMENT # S93876 1. Entity Name GLASGOW GROUP, INC.	
---	---

Principal Place of Business 12850 WALSINGHAM ROAD LARGO, FL 33774 US	Mailing Address 12850 WALSINGHAM ROAD LARGO, FL 33774 US
--	--

DO NOT WRITE IN THIS SPACE



03132007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3108021

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ANDERSON, ALISTAIR
12850 WALSINGHAM ROAD
LARGO, FL 33774

**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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
---	---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ANDERSON, ALISTAIR 12850 WALSINGHAM ROAD LARGO, FL 33774
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ANDERSON, LORI 12850 WALSINGHAM ROAD LARGO, FL 33774
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD ANDERSON, STUART 12850 WALSINGHAM ROAD LARGO, FL 33774
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**

000000667926
03/27/07-80008-018 150.00

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: X [Signature] X 3/14/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #