

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

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**

FILED
Aug 11, 2008 08:00 AM
Secretary of State



07142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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 \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

U00000957459
08/11/08-80002-006 550.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #