

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # V51197**

1. Entity Name  
**GLENN SAREN & ASSOCIATES, INC.**



Principal Place of Business  
**8460 NW 52ND PLACE  
CORAL SPRINGS, FL 33067**

Mailing Address  
**8460 NW 52ND PLACE  
CORAL SPRINGS, FL 33067**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**BARTMON, JOY A  
1515 N FEDERAL HIGHWAY  
SUITE 300  
BOCA RATON, FL 33432**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, 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 re

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** M-  
Added to F

**10. OFFICERS AND DIRECTORS**

TITLE **D**  
NAME **SAREN, GLENN**  
STREET ADDRESS **8460 NW 52ND PLACE**  
CITY-ST-ZIP **CORAL SPRINGS, FL 33067**

TITLE  
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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 607, Florida Statutes. I further certify that the information is 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 of this report.

**SIGNATURE: Glenn Saren**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**

**Jan 17, 2007 08:00 AM  
Secretary of State**



01

No Chg-P

CR2E034 (11/05)

4. I

5570

Applied For

Not Applicable

5. I

of Status Desired

☐

**\$8.75** Additional  
Fee Required

**NOT WRITE  
THIS SPACE**

th, in the State of Florida. I am familiar with, and accept

DATE

000000583533

01/18/07-80019-025 150.00

**NOT WRITE  
THIS SPACE**

Florida Statutes. I further certify that the information is 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 of this report.

**3/07 954-755-0086**  
Date Daytime Phone #