


**2005 FOR PROFIT CORPORATION.
ANNUAL REPORT**

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # M83504
1. Entity Name
GENERAL CONDUCTIVE TECHNOLOGIES, INC.



Principal Place of Business 712 S. OREGON AVE. #200 TAMPA, FL 33606 US	Mailing Address 712 S. OREGON AVE. #200 TAMPA, FL 33606 US
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04202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2894856	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KRUSEN JR., W. ANDREW
712 S. OREGON AVE. SUITE 200
TAMPA, FL 33606

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KRUSEN, W. ANDREW JR 712 S. OREGON AVE. SUITE 200 TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S JONES, DOUGAS N 712 S. OREGON AVE. SUITE 200 TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRUSEN, CHARLES B 485 PARK AVE. APT 13A NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/05/05-80041-009 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 of 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: W. Andrew Krusen, Jr. W. Andrew Krusen, Jr. President 4-25-05 813-837-3009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #