

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90125 031 \*\*\*150.00

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| <b>DOCUMENT # P04000052812</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                              |                                                                                  |                                                                                   |                            |                                   |
| 1. Entity Name<br>GEO TECH DEVELOPMENT CORP.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              |                                                                                  |                                                                                   |                                                                                                             |                                   |
| Principal Place of Business<br>10247 CEDAR CREEK FARMS ROAD<br>GLEN ST. MARY, FL 32040 US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                              |                                                                                  | Mailing Address<br>10247 CEDAR CREEK FARMS ROAD<br>GLEN ST. MARY, FL 32040 US     |                                                                                                             |                                   |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                              | 3. Mailing Address                                                               |                                                                                   |                                                                                                             |                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                              | Suite, Apt. #, etc.                                                              |                                                                                   |                                                                                                             |                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              | City & State                                                                     |                                                                                   |                                                                                                             |                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                      | Zip                                                                              | Country                                                                           | 4. FEI Number<br>20-0954614<br>Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> |                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                              |                                                                                  |                                                                                   | 03152005 Chg-P CR2E034 (10/03)<br>\$8.75 Additional Fee Required                                            |                                   |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                              |                                                                                  | 7. Name and Address of New Registered Agent                                       |                                                                                                             |                                   |
| KELLY, TIMOTHY P<br>1016 LASALLE STREET<br>JACKSONVILLE, FL 32207                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                              |                                                                                  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |                                                                                                             |                                   |
| 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                              |                                                                                  |                                                                                   |                                                                                                             |                                   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                              | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |                                                                                   | \$5.00 May Be Added to Fees                                                                                 |                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                              |                                                                                  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                             |                                                                                                             |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | P                            | <input type="checkbox"/> Delete                                                  | TITLE                                                                             | <input type="checkbox"/> Change                                                                             | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | KELLY, MICHAEL F             |                                                                                  | NAME                                                                              |                                                                                                             |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 3601 MARBON ROAD             |                                                                                  | STREET ADDRESS                                                                    |                                                                                                             |                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | JACKSONVILLE, FL 32223       |                                                                                  | CITY-ST-ZIP                                                                       |                                                                                                             |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | VP                           | <input type="checkbox"/> Delete                                                  | TITLE                                                                             | <input type="checkbox"/> Change                                                                             | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | GARDNER, STEVEN E            |                                                                                  | NAME                                                                              |                                                                                                             |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 10247 CEDAR CREEK FARMS ROAD |                                                                                  | STREET ADDRESS                                                                    |                                                                                                             |                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | GLEN ST. MARY, FL 32040      |                                                                                  | CITY-ST-ZIP                                                                       |                                                                                                             |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | S                            | <input type="checkbox"/> Delete                                                  | TITLE                                                                             | <input type="checkbox"/> Change                                                                             | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ZIPPEL, LARRY                |                                                                                  | NAME                                                                              |                                                                                                             |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 3261 MARBON ROAD             |                                                                                  | STREET ADDRESS                                                                    |                                                                                                             |                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | JACKSONVILLE, FL 32223       |                                                                                  | CITY-ST-ZIP                                                                       |                                                                                                             |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | T                            | <input type="checkbox"/> Delete                                                  | TITLE                                                                             | <input type="checkbox"/> Change                                                                             | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ZIPPEL, LARRY                |                                                                                  | NAME                                                                              |                                                                                                             |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 3261 MARBON ROAD             |                                                                                  | STREET ADDRESS                                                                    |                                                                                                             |                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | JACKSONVILLE, FL 32223       |                                                                                  | CITY-ST-ZIP                                                                       |                                                                                                             |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                              | <input type="checkbox"/> Delete                                                  | TITLE                                                                             | <input type="checkbox"/> Change                                                                             | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                              |                                                                                  | NAME                                                                              |                                                                                                             |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                              |                                                                                  | STREET ADDRESS                                                                    |                                                                                                             |                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                              |                                                                                  | CITY-ST-ZIP                                                                       |                                                                                                             |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                              | <input type="checkbox"/> Delete                                                  | TITLE                                                                             | <input type="checkbox"/> Change                                                                             | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                              |                                                                                  | NAME                                                                              |                                                                                                             |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                              |                                                                                  | STREET ADDRESS                                                                    |                                                                                                             |                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                              |                                                                                  | CITY-ST-ZIP                                                                       |                                                                                                             |                                   |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Steven E. Gardner</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                              |                                                                                  | Steven E. Gardner, VP 3-15-05 (904) 725-4850<br>Date Daytime Phone #              |                                                                                                             |                                   |