


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90058 016 ***150.00

DOCUMENT # P04000113473

1. Entity Name
GEAR ELECTRONICS, INC.




Principal Place of Business
**P.O. BOX 60065
 ST. PETERSBURG, FL 33784-0065**

Mailing Address
**P.O. BOX 60065
 ST. PETERSBURG, FL 33784-0065**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



03112005 Chg-P CR2E034 (10/03)

4. FEI Number
20-1521355 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**WIECKOWSKI, WACLAW
 1707 AZALEA COURT
 UNIT B
 OLDSMAR, FL 34677-2700**

7. Name and Address of New Registered Agent
 Name
STYCZYRZ, CHRISTOF B
 Street Address (P.O. Box Number is Not Acceptable)
4217 - 17th Avenue North
 City
St Petersburg FL Zip Code
33781

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 *Christof Styczyrz* **Christof B Styczyrz** **3-14-05**
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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRYCZRZ, CHRISTOF B 4217 17TH AVENUE NORTH ST PETERSBERG, FL 33781 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STYCZYRZ, CHRISTOF B 4217 - 17th Avenue North St Petersburg, FL 33781 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Christof Styczyrz* **Christof B Styczyrz** **3-14-05** (727)744-7174
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #