


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000007390
1. Entity Name
G & E ASSOCIATES, INC.



Principal Place of Business: 1 BOCA PLACE, STE. 411-E
2255 GLADES RD.
BOCA RATON, FL 33431

Mailing Address: 1 BOCA PLACE, STE. 411-E
2255 GLADES RD.
BOCA RATON, FL 33431

DO NOT WRITE IN THIS SPACE



01032005 No Chg-P CR2E034 (10/03)

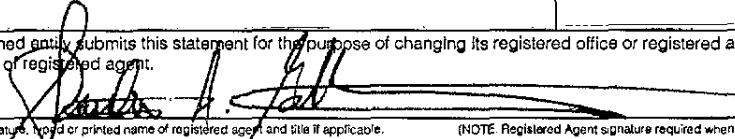
4. FEI Number: 65-0814399 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
GOTTSEGEN, STANLEY D ESQUIRE
1 BOCA PLACE, STE. 411-E
2255 GLADES RD.
BOCA RATON, FL 33431

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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: 3/13/05

Signature, word 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

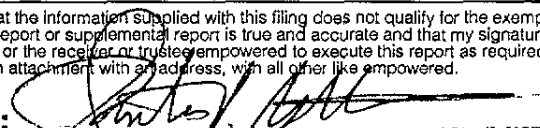
9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000272182
03/21/05-80082-009 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOTTSEGEN, STANLEY D ESQUIRE 1 BOCA PLACE, STE. 411-E BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EHRENSTEIN, GABRIEL 1 BOCA PLACE, STE. 411-E BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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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:  DATE: 3/14/05 DAYTIME PHONE #: 561-994-2212

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR