

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # G72454

1. Entity Name
GEOSYNTEC CONSULTANTS, INC.



Principal Place of Business
**ONE PARK PLACE
621 N.W. 53RD STREET STE 650
BOCA RATON, FL 33487 US**

Mailing Address
**ONE PARK PLACE
621 N.W. 53RD STREET STE 650
BOCA RATON, FL 33487 US**



03312004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2355134

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PEEL, THOMAS A
621 N.W. 53RD STREET
SUITE 650
BOCA RATON, FL 33487**

**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 _____

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000107473
04/09/04-30018-003 153.75

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
SANGLERAT, THIERRY
339 CANAL ST.
NEWPORT BEACH, CA**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
DAVIES, R. NEIL
1100 LAKE HEARN DRIVE
ATLANTA, GA 30342**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
LUCIA, PATRICK
1112 KAITLIN PLACE
CONCORD, CA 94518**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
BONAPARTE, RUDOLPH
3861 BYRNWYCK PLACE
ATLANTA, GA 30319**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
BEECH, JOHN F
3975 CHESSON CT
ATLANTA, GA**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
PEEL, THOMAS A
7391 NE 8TH COURT
BOCA RATON, FL 33487**

**DO NOT WRITE
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)(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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/04

Date

561.995-0900

Daytime Phone #