## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 23, 2004 8:00 am Secretary of State **DOCUMENT # P95000085110** 04-23-2004 90233 033 \*\*\*158.75 **GELDI CORPORATION** Principal Place of Business Mailing Address 94061100 2329 N. TAMIAMI TR. 2329 N. TAMIAMI TR. #12 SARASOTA, FL. 34234 SARASOTA, FL 34234 2. Principal Place of Business 3. Mailing Address IR 8220 STAMIAN 8220 S.TAMIAMI Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 01132004 Chg-P City & State 4. FEI Number Applied For 65-0629585 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GELDI, JOHN J., JR. Street Address (P.O. Box Number is Not Acceptable) 172 YACHT HARBOR DRIVE OSPREY, FL 34229-9727 - 55 City 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 registeres agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete Addition TITI F TITLE Change GELDI, JOHN J NAME NAME 172 YACHT HARBOR DRIVE STREET ADDRESS STREET ADDRESS OSPREY, FL 34229 CITY-ST-ZIP CITY-ST-ZIP TITLE VSD ☐ Delete ☐ Change ☐ Addition GELDI, MARY C NAME NAME 172 YACHT HARBOR DRIVE STREET ADDRESS STREET ADDRESS OSPREY, FL 342299727 CITY-ST-ZIP CITY-ST-ZIP D ☐ Change ☐ Delete ☐ Addition GELDI, JULIET-M- - - - --NAME NAME -STREET ADDRESS 172 YACHT HARBOR DR STREET ADDRESS CITY-ST-ZIP OSPREY, FL. 342299727 CITY-ST-ZIP ☐ Change Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete ☐ Change ☐ Addition TITLE TITLE 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 suppliamental 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 of 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 a attachment with an other like empowered. 941.966.1773 SIGNATURE: TYPED OR PRINTED NAME OF SIG

**FILED**