

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000023608

Entity Name: GEOAGE, INC.

FILED
Jan 04, 2008
Secretary of State

Current Principal Place of Business:

3740 ST. JOHNS BLUFF RD. S.
SUITE 9
JACKSONVILLE, FL 32224

Current Mailing Address:

3740 ST. JOHNS BLUFF RD. S.
SUITE 9
JACKSONVILLE, FL 32224

New Principal Place of Business:

3740 ST. JOHNS BLUFF RD. S.
SUITE 10
JACKSONVILLE, FL 32224

New Mailing Address:

3740 ST. JOHNS BLUFF RD. S.
SUITE 10
JACKSONVILLE, FL 32224

FEI Number: 59-3705421

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCLUNG, KYLE S
13115 VIA ROMA CT
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MARINATOS, ANTHONY
Address: 5396 OAK BAY DRIVE NORTH
City-St-Zip: JACKSONVILLE, FL 32277

Title: D () Delete
Name: LAMBERT, J. DAVID
Address: 1823 SELVA GRANDE DRIVE
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: D () Delete
Name: MERCKEL, GERALD U
Address: 4390 TRADEWINDS DR
City-St-Zip: JACKSONVILLE, FL 32250

Title: P () Delete
Name: ARNOLD, JEFF
Address: 122 COASTAL OAK CIR
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: S () Delete
Name: MCCLUNG, KYLE
Address: 13115 VIA ROMA CT
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: D () Delete
Name: PURCELL, KEN
Address: 1908 1ST ST. N
City-St-Zip: JACKSONVILLE, FL 32250 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFF ARNOLD

PRES

01/04/2008

Electronic Signature of Signing Officer or Director

Date