

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90016 022 ***150.00

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1. Entity Name
GENERAL ECLECTIC, INC.



Principal Place of Business
**1066 N CO HWY 395
P O BOX 4772
SANTA ROSA BCH, FL 32459 US**

Mailing Address
**PO BOX 4772
P.O. BOX 4772
SEASIDE, FL 32459 US**

40012411



01162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1965062	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**TROXEL, CHERYL
1066 N CO HWY 395
P O BOX 4772
SANTA ROSA BCH, FL 32459**

**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 a registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME TROXEL, CHERYL
STREET ADDRESS 1066 N CO HWY 395
CITY-ST-ZIP SANTA ROSA BCH, FL 32459

TITLE DTSV
NAME NABLO, JEFFREY L.
STREET ADDRESS 1066 N CO HWY 395
CITY-ST-ZIP SANTA ROSA BCH, FL 32459

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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

CHERYL TROXEL
PRESIDENT

1-25-08

Date

850-231-0265

Daytime Phone #