FILED
Sep 11, 2008 8:00 am
Secretary of State
09-11-2008 90002 035 ***158.75

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 212304

1. Entity Name
GENEVAMATIC ENGINEERING CORPORATION, INC.

Principal Place of Business	Mailing Address
5200 95TH ST NORTH 67 ST PETERSBURG, FL 33708	5200 95TH ST NORTH 67 ST PETERSBURG, FL 33708

09052008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
527 Renee Dr.	527 Renee Dr.
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: Auburndale, Fl	City & State: Auburndale, Fl
Zip: 33823 Country: US	Zip: 33823 Country: US

4. FEI Number: 59-0832069 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GOELZ, LAURENCE L.
5550 98TH STREET N.
PINELLAS PK., FL 34666

7. Name and Address of New Registered Agent

Name: Goelz, Lawrence L.
Street Address (P.O. Box Number is Not Acceptable): 527 Renee Dr.
City: Auburndale FL Zip Code: 33823

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: Lawrence L. Goelz DP [signature] 9/8/08
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
Due by September 12, 2008

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GOELZ,LAWRENCE L 5550 98TH ST N PINELLAS PARK, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 527 Renee Dr. Auburndale, Fl 33823	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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] 9/8/08 727 639-3932
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #