

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90050 011 ***150.00

DOCUMENT # 259205

1. Entity Name

GEOSTAN, INC.



Principal Place of Business

C/O MELISSA CALABRESE
12858 80 LANE N
WEST PALM BEACH FL 33412

Mailing Address

C/O MELISSA CALABRESE
12858 80 LANE N
WEST PALM BEACH FL 33412

94042190



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1011435

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOLTON, GEORGE
529 W. FLAGLER ST
MIAMI FL 33130

Name

Street Address (P.O. Box Number is Not Acceptable)

12858 80 Lane North

City

WEST PALM BEACH FL

Zip Code

33412

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.

George Bolton, President

(NOTE: Registered Agent signature required when reinstating)

DATE

3/22/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete
NAME BOLTON, GEORGE C.
STREET ADDRESS 314 ARIZONA ST
CITY-ST-ZIP HOLLYWOOD FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 12858 80 LANE NORTH
CITY-ST-ZIP WEST PALM BEACH, FL

TITLE STD ☐ Delete
NAME BOLTON, MARY E.
STREET ADDRESS 314 ARIZONA ST
CITY-ST-ZIP HOLLYWOOD FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 12858 80 LANE NORTH
CITY-ST-ZIP WEST PALM BEACH, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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NAME
STREET ADDRESS
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 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

3/29/2004 305-324-7671