

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90052 012 \*\*\*150.00

30014003



1st MOORE CR2E034 (10/04)

<b>DOCUMENT # 489816</b>		
1. Entity Name <b>GENTRONICS CO., INC.</b>		

Principal Place of Business <b>6145 E. IRLO BRONSON MEM. HWY. ST CLOUD FL 34771</b>	Mailing Address <b>6145 E. IRLO BRONSON MEM. HWY. ST CLOUD FL 34771</b>
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2. Principal Place of Business <b>1519 PARK Commerce Ct.</b>	3. Mailing Address <b>5150 Helen Ct.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

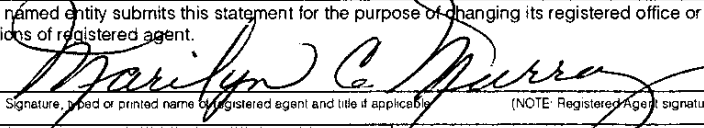
City & State <b>ST. Cloud, FL.</b>	City & State <b>ST. Cloud, FL.</b>
Zip <b>34769</b>	Zip <b>34772</b>
Country <b>U.S.A.</b>	Country <b>U.S.A.</b>

4. FEI Number <b>59-1640379</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>MURRAY, MARILYN 6145 E. IRLO BRONSON MEM. HWY. ST CLOUD FL 34771</b>		7. Name and Address of New Registered Agent Name <b>MARILYN Murray</b> Street Address (P.O. Box Number is Not Acceptable) <b>1519 PARK Commerce Ct.</b> City <b>ST. Cloud</b> FL Zip Code <b>34769</b>	
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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  (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MURRAY, THOMAS MARK</b> <b>5150 HELEN CT RD.</b> <b>ST. CLOUD FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>MURRAY, MARILYN</b> <b>5150 HELEN CT RD.</b> <b>ST CLOUD, FL 00000</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **MARILYN Murray** 2/01/05 (407) 891-9511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #