FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

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520489

(6)

DOCUMENT # 1. Corporation Name

GESA PROPERTIES, INC.

Principal Place of Business

Mailing Address



6952 N. ATLANTIC AVE. CAPE CANAVERAL FL 32920			6952 N. ATLANTIC AVE. CAPE CANAVERAL FL 32920					
						3. Date incorporated or Qualified 12/16/1976	3a. Date of Las 04/04	
— `	Place of Business	F	ng Address			4. FEI Number		Applied For
Suite, Apt	# ole	26	A			59-2464559		Not Applicable
22		Suite, Apt. #, etc.		5. Certificate of Status Desired See Required				
City & Sta		City 28	& State			Election Campaign Financing Trust Fund Contribution		.00 May Be Ided to Fees
Zip 24	Country 25	2 1p		30	ntry	8. This corporation has liability for in Florida Statutes Yes	ntangible tax unde	rs 199.032,
	Name and Address of Current	nt Registered	Agent			10. Name and Address of New R	egistered Agent	· · · · · · · · · · · · · · · · · · ·
I					81 Name			
	, gerald f. N. atlantic ave.				82 Street Add	ress (P.O. Box Number is Not Acceptab	le)	
CAPE	CANAVERAL FL 32920				83			
į					84 City		B5	Zip Code
11. Pursuant	to the provisions of Sections 607 0500	2 and 607 150	R. Florido Statuto	ac the etc	va named cosses	ration submits this statement for the pur	FL ~	
OI TECHSIE	steu adent, or both, ii: the State of Fron	dat Such Char	ide was authorize	ea by the a	ve named corpo orporation's boa	ration submits this statement for the pur and of directors. I hereby accept the appo	pose of changing i pintment as registe	its registered office red agent. I am
	vith, and accept the obligations of, Sec	,כטכט. זעמי וזטוו	Florida Statutes					
SIGNATURE	Signature, typed or printed name of registerial ages	racotto Labolish		TE Blodestern	Agent signature require	ed all as requestables.	DAIE	
12.	OFFICERS AN			13.		ADDITIONS/CHANGES TO OFFI		108S IN 12
THTLE	PO		DELETE	1. 1 T	TLE		[Chan	
NAME	SALE, GERALD F.			1.2 N/	ME		_	
STREET ADDRESS	6952 N. ATLANTIC AVE.			1381	REET ADDRESS			
CITY - ST - ZIP	CAPE CANAVERAL FL				TY-ST-ZIP			
TITLE	VP		DELETE	2 1 T			Chan	ge 🗍 Addition
NAME	SALE, JOYCE M			2 2 NA	ME		_	
STREET ADDRESS	6952 N ATLANTIC AVE				REET ADDRESS			
CITY - ST - ZIP	CAPE CANAVERAL FL				Y-ST-7-P			
TITLE		· • · · · · · · · · · · · · · · · · · ·	DELETE	3 1 1			Chan	ge 🔲 Addition
NAME				3.2 N/	ME		-	
STREET ADDRESS				3 3 S	REET ADDRESS			
CITY - ST - ZIP				3.4.01	Y ST-ZIP			
TITLE			DETEAF	4 1 II	rLE		☐ Chan	ge 🔲 Add-tion
NAME				4.2 NA	ME			
STREET ADDRESS				43 S1	REEF ADDRESS			
CITY-ST-ZIP				4.4 CI	Y-SI-ZIP			
TITLE			DELETE	5 1 [1	LE		☐ Chang	ge 🔲 Addition
NAME				5 2 NA	ME			
STREET ADDRESS				5381	REET AODRESS			
CHTY-ST-ZIP				5.4 01	Y-ST-ZIP			
TITLE			DELETE	6 1 TI	LE		☐ Chang	ge 🔲 Addition
NAME				6.2 NA	ME			
STREET ADDRESS				6351	REET ADDRESS			
CITY-ST-ZIP				6400	Y-ST-ZIP			
14. I do heret	by certify that the information supplied	with this filing i	s voluntarily furni	shed and o	ioes not qualify for	or the exemption stated in Section 119.0	07(3)(k), Florida Sta	itutes. I further

certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: 4-23-44 407-773-5760

ORGANITURE ON THE OF SIGNING OFFICER OR DIRECTOR

OFFICE SCALAR

OFFICER OR DIRECTOR

OFFICER OF DIRECTOR

OFFICER OR DIRECTOR