

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90019 026 ***150.00

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1. Entity Name
GENERAL ENGINEERING CORPORATION



Principal Place of Business

**2710 5TH AVENUE
TAMPA, FL 33605 US**

Mailing Address

**2710 5TH AVENUE
TAMPA, FL 33605 US**

DO NOT WRITE IN THIS SPACE



01222008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1865810

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**REED, CALVIN H CEOD
2710 5TH AVE
TAMPA, FL 33605**

**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 registered agent.

SIGNATURE _____

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
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	TS
NAME	ALBERT, BRIAN S
STREET ADDRESS	2710 5TH AVENUE
CITY - ST - ZIP	TAMPA, FL 33605
TITLE	CEOD
NAME	REED, CALVIN H
STREET ADDRESS	2710 5TH AVE
CITY - ST - ZIP	TAMPA, FL 33605
TITLE	P
NAME	HALE, DAVID D
STREET ADDRESS	2710 5TH AVE
CITY - ST - ZIP	TAMPA, FL 33605
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
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:

Brian S Albert
BRIAN S ALBERT

01-23-2008 (813) 241-4261

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #