

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # 648024

1. Entity Name
GENERAL ECLECTIC, INC.



Principal Place of Business: 1066 N CO HWY 395
P O BOX 4772
SANTA ROSA BCH, FL 32459 US

Mailing Address: P O BOX 4772
P.O. BOX 4772
SEASIDE, FL 32459 US



01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1965062

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TROXEL, CHERYL
1066 N CO HWY 395
P O BOX 4772
SANTA ROSA BCH, FL 32459

**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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE: PD
NAME: TROXEL, CHERYL
STREET ADDRESS: 1066 N CO HWY 395
CITY-ST-ZIP: SANTA ROSA BCH, FL 32459

TITLE: DTSV
NAME: NABLO, JEFFREY L.
STREET ADDRESS: 1066 N CO HWY 395
CITY-ST-ZIP: SANTA ROSA BCH, FL 32459

TITLE:
NAME:
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CITY-ST-ZIP:

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CITY-ST-ZIP:

U00000287272
04/04/05-80064-003 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Jeffrey L. Nablo **JEFFREY L. NABLO** 4/1/05 850-231-0265

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