

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 10, 2005 08:00 AM
Secretary of State**

DOCUMENT # 648901

1. Entity Name
GINCO, INC.



Principal Place of Business
**68 MAMMOTH GROVE RD
PO BOX 231
LAKE WALES, FL 33853**

Mailing Address
**68 MAMMOTH GROVE RD
PO BOX 231
LAKE WALES, FL 33853**



02032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1957554

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**UPDIKE, LAWRENCE C.
68 MAMMOTH GROVE ROAD
LAKE WALES, FL 33853**

**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**

**U000000224077
02/10/05-80068-020 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
UPDIKE, SAMUEL D
68 MAMMOTH GROVE ROAD
LAKE WALES, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
UPDIKE, LAWRENCE C.
68 MAMMOTH GROVE RD
LAKE WALES, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
UPDIKE, FRANCES D
68 MAMMOTH GROVE RD
LAKE WALES, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
UPDIKE, KEVIN M
68 MAMMOTH GROVE RD
LAKE WALES, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
UPDIKE, PAUL C
68 MAMMOTH GROVE RD
LAKE WALES, FL**

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 exemption stated in Section 119.07(3)(f), 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: *Samuel D. Updike* **SAMUEL D. UPDIKE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/07/05 (863) 696-1487

Date

Daytime Phone #