2004 FOR PROFIT CORPORATION

Feb 06, 2004 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT #836876** 1. Entity Name GESSERTS INC. Principal Place of Business Mailing Address 3790 TAMPA RD. 2416 HILLCREEK CIR E OLDSMAR, FL 34677 CLEARWATER, FL 33759 01242004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 39-1132684 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DUNBAR, PETER M DO NOT WRITE 1968 BAYSHORE BLVD DUNEDIN, FL 34698 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, typod or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PD TITLE GESSERT, WILLIAM NAME 02/08/04-80140-007 150.00 117 17TH STREET STREET ADDRESS CITY-ST-ZIP BELLEAIR BEACH, FL 33786 RILE GESSERT, TERRIE NAME STREET ADDRESS 2416 HILLCREEK CIRCLE E SITY-ST-ZIP CLEARWATER, FL 33759 TITLE GESSERT, DONALD G NAME STREET ADDRESS 2416 HILLCREEK CIRCLE E DO NOT WRITE CATY-ST-ZIP CLEARWATER, FL 33759 TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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 game appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like Empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED