

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2008 0
Secretary of

DOCUMENT # F07000004328

1. Entity Name
GET-STORE, CORP.



Principal Place of Business
304 63RD ST., APT. B
HOLMES BCH, FL 34217

Mailing Address
304 63RD ST., APT. B
HOLMES BCH, FL 34217



02222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0497566

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HEROLD, WILLIAM M JR.
5500 MARIANA DR., SUITE 1
HOLMES BCH, FL 34217-1560

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IN THIS SPACE**

9. 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

DEPARTMENT OF STATE
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**

000000857335
03/31/08-80010-015 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
PUDERBACH, JOERG
STREET ADDRESS
304 63RD ST., APT. B
CITY-ST-ZIP
HOLMES BCH, FL 34217

TITLE
NAME
DUHN, CHRISTOPH
STREET ADDRESS
304 63RD ST., APT. B
CITY-ST-ZIP
HOLMES BCH, FL 34217

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-10-08

Date

941-779-3111

Daytime Phone #