
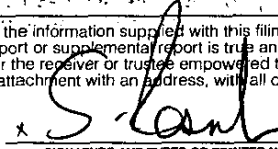


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90079 014 \*\*\*150.00

|   |   |   |  |
|---|---|---|--|
| <b>DOCUMENT # F17214</b><br>1. Entity Name<br><b>GEDECO CORP.</b>   |   |    |  |
| Principal Place of Business<br><b>P.O. BOX 352290<br/>PALM COAST, FL 32135-2290</b>   |   | Mailing Address<br><b>18 OCEAN DUN CIRCLE<br/>PALM COAST, FL 32137 US</b>   |  |
| 2. Principal Place of Business<br><b>ONE ARMAND BEACH DRIVE</b><br>Suite, Apt. #, etc.<br><b>SUITE 2C</b><br>City & State<br><b>PALM COAST, FL</b><br>Zip<br><b>32137</b> Country   |   | 3. Mailing Address<br><b>ONE ARMAND BEACH DRIVE</b><br>Suite, Apt. #, etc.<br><b>SUITE 2C</b><br>City & State<br><b>PALM COAST, FL</b><br>Zip<br><b>32137</b> Country   |  |
| 4. FEI Number<br><b>59-2124516</b>  |   | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   | <b>\$8.75</b> Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>GORDON, MITCHELL A<br/>149 P SO. RIDGEWOOD AVE.<br/>DAYTONA BEACH, FL 32115</b>   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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.<br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b>   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees  |  |
| 10. OFFICERS AND DIRECTORS  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>P</b><br><b>GEORGOULIS, CONSTANTINE</b><br><b>18 OCEAN DRIVE CIRCLE</b><br><b>PALM COAST, FL 32137</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>P</b><br><b>GEORGOULIS, CONSTANTINE</b><br><b>ONE ARMAND BEACH DRIVE SUITE 2C</b><br><b>PALM COAST, FL 32137</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>VP</b><br><b>ROSENBAUM, STAN</b><br><b>25 OCEAN DUNE CIRCLE</b><br><b>PALM COAST, FL 32137</b> <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>VP</b><br><b>ROSENBAUM, STAN</b><br><b>ONE ARMAND BEACH DRIVE SUITE 2C</b><br><b>PALM COAST, FL 32137</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>VST</b><br><b>GEORGOULIS, IOANNIS</b><br><b>18 OCEAN DRIVE CIRCLE</b><br><b>PALM COAST, FL 32137</b> <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>VST</b><br><b>GEORGOULIS, IOANNIS</b><br><b>ONE ARMAND BEACH DRIVE SUITE 2C</b><br><b>PALM COAST, FL 32137</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| 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. |   |   |  |
| <b>SIGNATURE:</b>    |   | <b>STAN ROSENBAUM</b> 3-10-04 386-446-9248  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   | Date Daytime Phone #  |  |