


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90494 034 ***150.00

DOCUMENT # F17214 1. Entity Name GEDECO CORP.					
Principal Place of Business ONE ARMAND BEACH DRIVE STE 2C PALM COAST, FL 32137			Mailing Address ONE ARMAND BEACH DRIVE STE 2C PALM COAST, FL 32137 US		
2. Principal Place of Business <i>Two Armand Beach Dr</i> Suite, Apt. #, etc. <i>Suite 2A</i> City & State <i>Palm Coast, FL</i> Zip <i>32137</i> Country <i>USA</i>			3. Mailing Address <i>Two Armand Beach Dr</i> Suite, Apt. #, etc. <i>Suite 2A</i> City & State <i>Palm Coast FL</i> Zip <i>32137</i> Country <i>USA</i>		
4. FEI Number 59-2124516			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			6. Name and Address of Current Registered Agent GORDON, MITCHELL A 149 P SO. RIDGEWOOD AVE. DAYTONA BEACH, FL 32115		
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</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. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GEORGIOULIS, CONSTANTINE ONE ARMAND BEACH DRIVE, STE 2C PALM COAST, FL 32137	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Two Armand Beach Drive, Suite 2A</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROSENBAUM, STAN ONE ARMAND BEACH DRIVE, STE 2C PALM COAST, FL 32137	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Two Armand Beach Drive, Suite 2A</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST GEORGIOULIS, IOANNIS ONE ARMAND BEACH DRIVE, STE 2C PALM COAST, FL 32137	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Two Armand Beach Drive, Suite 2A</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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.					
SIGNATURE: <i>S. K...</i> 4/27/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					