## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 03, 2006 08:00 AM Secretary of State DOCUMENT # G04571 1. Entity Name JOHN C. GESCH. P.A. Principal Place of Business Mailing Address 2365 S CONGRESS AVE W PALM BCH FL 33406 2365 S CONGRESS AVE W PALM BCH FL 33406 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 59-2225935 Not Applicable Zip Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GESCH, JOHN C Street Address (P.O. Box Number is Not Acceptable) 2365 S CONGRESS AVE WEST PALM BEACH FL 33406 City Zip Code 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. Lam termillar with, and accept the obligations of registered agent. SIGNATURE Signature, typen or printed name of registered agent and title if applicable (NOTE Registered Agent eigneture required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME GESCH, JOHN C NAME STREET ADDRESS 2365 S CONGRESS AVE STREET ADDRESS CITY-ST-ZIP W PALM BCH, FL 00000 C::TY-ST-719 TITLE Delete ☐ Change Addition TITLE U00000488480 04/17/06-80003-009 150.90 NAME GESCH, JOHN C. NAME STREET ADDRESS 2365 S. CONGRESS AVE. STREET ADDRESS CTTY-ST-ZIP W. PALM BEACH FL CUTY-ST-Z® 7)7LE Delete THULF Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZTP C(TY-ST-ZIP TIDE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADURESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TiTLE Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

John C. Gesch, Pres.

1/19/06

561-964--7400

SIGNATURE:

**FILED**