## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 01, 2005 8:00 am Secretary of State DOCUMENT # G86447 1. Entity Name 03-01-2005 90070 001 \*\*\*158.75 GERKEN & COMPANY, INC. Principal Place of Business Mailing Address 864 NORMAN CT LONGWOOD FL 32750 864 NORMAN CT OUDGLOOD LONGWOOD FL 32750 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-2373673 Not Applicable Zip Country Country Zip \$8.75 Additional $\mathbf{K}$ 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Gerken, Henry III GERKEN, HENRY III Street Address (P.O. Box Number is Not Acceptable) 1166 CARMEL CR., #320 864 Norman Court CASSELBERRY FL 32707 City Longwood, 8. The above named entry/submits this statement the 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. Henry Gerken III, President (NOTE: Registered Agent signature required when reinstating) DATE 2/24/05 SIGNATURE FILE NOW!!! FEE \$ \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE PD TITLE ☐ Addition ☐ Delete ☐ Change GERKEN, HENRY III NAME NAME STREET ADDRESS 1166 CARMEL CR., #320 STREET ADDRESS CITY-ST-ZIP CASSELBERRY FL CITY-ST-ZIP VD FITLE X Delete TITLE VD Addition X Change GERKEN, ANN H. NAME NAME Long, Millard A. II 196 Shady Lane 1166 CARMEL CR., #320 STREET ADDRESS STREET ADDRESS CASSELBERRY FL CITY-SI-7IP CITY-ST-7IP Oviedo, Florida 32765 STD ☑ Delete TITLE TITLE K Change Addition Long, Debroah V. 196 Shady Lane GERKEN, ANN H NAME. NAME STREET ADDRESS STREET ADDRESS 1166 CARMEL CIRCLE #320 Oviedo, Florida 32765 CITY-ST-ZIP CASSELBERRY FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS C!TY-ST-ZIP CITY-ST-7IP Delete TITLE TITLE ☐ Change Addition NAME 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 exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report or suppliemental 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.

T Henry Gerken III

THE HENRY GERKE! SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

SIGNATURE:

FILED

2/24/05

407-324-7419

Davime Phone #