

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # J67692

1. Entity Name

THE GEOMETRA BUILDERS CORPORATION



FILED Feb 03 2004 08:00 AM

Secretary of State

LOGGED BY: [Signature]
APPROVED BY: [Signature]
TO BE PAID BY: [Signature]

Principal Place of Business
11968 N FLORIDA AVE
TAMPA FL 33612-5222
US

Mailing Address
PO BOX 17715
TAMPA 33628-7715
US



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2782183

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DI GERLANDO, CARMEN E.
11968 N FLORIDA AVENUE
TAMPA FL 33612

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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. 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

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME DI GERLANDO, JOSEPH
STREET ADDRESS 10116 LINDELAAN
CITY-ST-ZIP TAMPA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V
NAME DI GERLANDO, CARMEN
STREET ADDRESS 10116 LINDELAAN
CITY-ST-ZIP TAMPA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST
NAME PEREZ, CARMEN, E
STREET ADDRESS 10116 LINDELAAN
CITY-ST-ZIP TAMPA FL

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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 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: Joseph Di Gerlando

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-04 813-961-8715

Date

Daytime Phone #