## **FILED** 2008 FOR PROFIT CORPORATION Apr 30, 2008 08:00 AN Secretary of State **ANNUAL REPORT DOCUMENT # M79244** 1. Entity Name GEODOR, INC. Principal Place of Business Mailing Address 224 STILLWATER CT 224 STILLWATER CT MARCO ISLAND, FL 33937 224 STILLWATER COURT MARCO ISLAND, FL 33937 US 04262008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0058358 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RETHATI, GEORGE DO NOT WRITE 224 STILLWATER COURT #1-B IN THIS SPACE MARCO ISLAND, FL 33937 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 9. Election Campaign Financing \$5.00 мау Вө FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PΩ TITLE RETHATI, GEORGE NAME STREET ADDRESS 224 STILLWATER TERR CITY-ST-ZIP MARCO ISLAND, FL TITLE NAME STREET ADDRESS

## DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signalline 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 employered.

SIGNATURE: 600 PETHATI

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE

NAME OF SIGNING OFFICER OR DIRECTOR

0 4 27 08 239 642 64 64

Daytime Phone #