2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # M85146

1. Entity Name
GERONEE, INC.

Principal Place of Business	Mailing Address
650 DEVONSHIRE BLVD LONGWOOD, FL 32750 US	650 DEVONSHIRE BLVD LONGWOOD, FL 32750

03152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3298467
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RAMACHANDRAN, S.
650 DEVONSHIRE BLVD
LONGWOOD, FL 32750

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000107214
04/09/04-80006-023 150.00

10. OFFICERS AND DIRECTORS

TITLE	DV
NAME	MAHARAJ, RABINDRANATH
STREET ADDRESS	650 DEVONSHIRE BLVD
CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	S
NAME	MAHARAJ, CYNTHIA
STREET ADDRESS	650 DEVONSHIRE BLVD
CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	DVS
NAME	NIRMALA, MAHARAJ
STREET ADDRESS	650 DEVONSHIRE BLVD
CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ NIRMALA MAHARAJ DVS MAR 31 2004 407-862-1480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #