


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # M85146 1. Entity Name GERONEE, INC.	
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Principal Place of Business 650 DEVONSHIRE BLVD LONGWOOD, FL 32750 US	Mailing Address 650 DEVONSHIRE BLVD LONGWOOD, FL 32750
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04032005 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 <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAMACHANDRAN, S.
650 DEVONSHIRE BLVD
LONGWOOD, FL 32750

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MAHARAJ, RABINDRANATH 650 DEVONSHIRE BLVD LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MAHARAJ, CYNTHIA 650 DEVONSHIRE BLVD LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS NIRMALA, MAHARAJ 650 DEVONSHIRE BLVD LONGWOOD, FL 32750
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04/13/05-80079-011 150.00

**DO NOT WRITE
IN THIS SPACE**

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:  **SUS**  **April 05'05** **866-627-4029**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #