2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Apr 07, 2004 8:00 am
Secretary of State
04-07-2004 90032 024 ***150.00

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1. Entity Name
GEAR-UP, INC.

54027214

Principal Place of Business	Mailing Address
400 8TH AVE. NORTH TERRA VERDE, FL 33715	400 8TH AVE. NORTH TERRA VERDE, FL 33715

02172004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
43-1964922
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RIDDLE, BARRY D
400 8TH AVE. NORTH
TERRA VERDE, FL 33715

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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)

Filing Fee is $61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FORRAS, VINCENT
STREET ADDRESS	99 ELMWOOD RD.
CITY-ST-ZIP	SOUTH SALEM, NY 10590
TITLE	D
NAME	CARRERA, MONICA CARRERA, MONICA
STREET ADDRESS	99 ELMWOOD RD.
CITY-ST-ZIP	SOUTH SALEM, NY 10590
TITLE	D
NAME	RIDDLE, BARRY D
STREET ADDRESS	400 8TH AVE. NORTH
CITY-ST-ZIP	TERRA VERDE, FL 33715
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 617, 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: VINCENT FORRAS 3/23/04 9145335196
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #