

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 05, 2005
Secretary of State**

DOCUMENT# N04000011419

Entity Name: GERONIMO CLASSICS INC

Current Principal Place of Business:

33 ALCIRA COURT
ST. AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

33 ALCIRA COURT
ST. AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 20-1988879 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GERONIMO, ROGER J
33 ALCIRA COURT
ST. AUGUSTINE, FL 32086 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GERONIMO, ROGER J DR.
Address: 33 ALCIRA COURT
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: DIR () Delete
Name: NELSON-LEONARDY, DEBRA
Address: 33 ALCIRA COURT
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: DIR () Delete
Name: CHRISTOFELL, BUD
Address: 33 ALCIRA COURT
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: DIR () Delete
Name: CHRISTOFELL, HELEN
Address: 33 ALCIRA COURT
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: DIR () Delete
Name: GERONIMO, ROGER J DR
Address: 33 ALCIRA COURT
City-St-Zip: ST. AUGUSTINE, FL 32086

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: GERONIMO, ROGER J DR.
Address: 33 ALCIRA COURT
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
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Name:
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. ROGER J. GERONIMO

PRES

02/05/2005

Electronic Signature of Signing Officer or Director

_____ Date