

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90004 007 ***158.75

DOCUMENT # P00000011263

1. Entity Name
GEOTEC SERVICES, INC.



Principal Place of Business
30 SOUTH AVENUE
#3
LAKE BUTLER, FL 32054

Mailing Address
PO BOX 238
LAKE BUTLER, FL 32054

54059944



07012004

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3622293	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75

6. Name and Address of Current Registered Agent

ROBERTS, AVERY C
255 NORTH LAKE AVE.
LAKE BUTLER, FL 32054

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-2-04

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ROBERTS, AVERY C
STREET ADDRESS	PO BOX 233
CITY-ST-ZIP	LAKE BUTLER, FL 32054
TITLE	SVP
NAME	DUKES, WAYNE B
STREET ADDRESS	PO BOX 14
CITY-ST-ZIP	LAKE BUTLER, FL 32054
TITLE	VP
NAME	DUKES, BRUCE
STREET ADDRESS	PO BOX 91
CITY-ST-ZIP	WORTHINGTON SPRINGS, FL 32697
TITLE	ST
NAME	BOLES, LINDA C
STREET ADDRESS	6798 CYRSTAL LAKE ROAD
CITY-ST-ZIP	KEYSTONE HEIGHTS, FL 32656
TITLE	VP
NAME	HARDIN, JOSEPH J
STREET ADDRESS	RT. 2 BOX 6028
CITY-ST-ZIP	LAKE CITY, FL 32074
TITLE	V
NAME	DUKES, DANIEL A
STREET ADDRESS	PO BOX 55
CITY-ST-ZIP	LAKE BUTLER, FL 32054

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-2-04

386-446-3509