
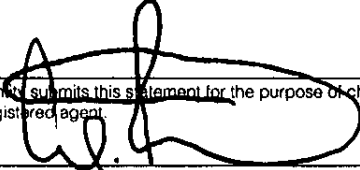
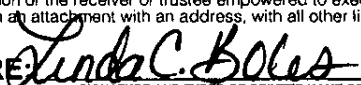


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90091 010 ***158.75

DOCUMENT # P00000011263						
1. Entity Name GEOTEC SERVICES, INC.						
Principal Place of Business 255 N LAKE AVE LAKE BUTLER, FL 32054 US			Mailing Address PO BOX 238 LAKE BUTLER, FL 32054			
2. Principal Place of Business - No P.O. Box # 12469 W. SR 100		3. Mailing Address Suite, Apt. #, etc.				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State Lake Butler FL		City & State		4. FEI Number 59-3622293		
Zip 32054		Country US		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ROBERTS, AVERY C 255 NORTH LAKE AVE. LAKE BUTLER, FL 32054			7. Name and Address of New Registered Agent			
Name			Name			
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)			
City			City			
State			State			
Zip Code			Zip Code			
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 		Avery C. Roberts		4-11-07		
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent Signature required when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE P	NAME ROBERTS, AVERY C		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS PO BOX 233	LAKE BUTLER, FL 32054			NAME		
CITY - ST - ZIP				STREET ADDRESS		
TITLE ST	NAME BOLES, LINDA C		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 6798 CYRSTAL LAKE ROAD	KEYSTONE HEIGHTS, FL 32656			NAME		
CITY - ST - ZIP				STREET ADDRESS		
TITLE			<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY - ST - ZIP				CITY - ST - ZIP		
TITLE			<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY - ST - ZIP				CITY - ST - ZIP		
TITLE			<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY - ST - ZIP				CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 		Linda C. Boles		4-11-07		386-496-3509
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date		Daytime Phone #