## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 16, 2007 8:00 am Secretary of State 04-16-2007 90091 010 \*\*\*158.75

DOCUMENT # P0000011263  1. Entity Name GEOTEC SERVICES, INC.						90091 010 ***15	58.75
Principal Place	a of Rusinass	Mailing Address		. 4	ესხააა	•	
•							
255 N LAKE AVE PO BOX 238			:4				
LAKE BUTLER, FL 32054 US LAKE BUTLER, FL 32054			14				
				1 10011001 111 01	III <b>Ağ</b> ır <b>Ba</b> lık <b>Ba</b> lık <b>Ba</b> lık		
2. Principal P	face of Business - No P.O. Box #	3. Mailing Address	<del></del>				
12469 W. SR 100				1 10811881 111 83	ili agili agili gelii galii	ACISI (ICA) (IAIA IIAIA CIIA6 III	
Suite, Apt.	10 10 10 110	Suite, Apt. #, etc.				0000004440400	
•				01042007	Chg-P	CR2E034 (12/06)	
City & State	* 0 11 C1	City & State		4. FEI Number		Ap	plied For
lake butler PC					293	No	t Applicable
Zip 32051 Country Zi		Zip	Zip Country		Status Desired	\$8.75 Add	litional
32	.054   US			5. Certificate of	Status Desireo	Fee Require	d
	6. Name and Address of Current	Registered Agent		7. Name and A	ddress of New Re	gistered Agent	
			Name				
	, AVERY C		Charat Adda	0 111 100 0 11 1 11 11 11			
	H LAKE AVE.		Street Addr	Street Address (P.O. Box Number is Not Acceptable)			
LAKE BUTLER, FL 32054			12	10110 11/20 50100			
	. ()		10	12469 West SR100			
A + +			City (	City Lake Butter FL Zip Code 27051			
8 The above	named en this submits this statement for	or the purpose of changing its	registered office or reg	nietared agent, or both	in the State of Flor	<u> </u>	and accept
	ions of registered agent.	a the perpend of hanging its	egistered onico or reg	gistered agent, or boin,	in the otate of the	ida. Farriamilia witi,	and accept
		)	A	Dahaute		11 11 11 11 7	
SIGNATURE_	<u> </u>		Hvery C.	<b>RODETTS</b>		4-11-01	
	Signature, typed or printed name of registered agent	and title if approable. (NO/E:	Registered Agent Egnature re	equired when reinstating)		DAIE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Campaig Trust Fund Contr		\$5.00 May Be Added to Fees			
		OO Trust Fund Contr		Added to Fees	HANGES TO OFFI	CERS AND DIRECTOR	S IN 11
After Ma	ay 1, 2007 Fee will be \$550.	OO Trust Fund Contr	ibution.	Added to Fees	HANGES TO OFFI	CERS AND DIRECTOR:	S IN 11
After Ma	ay 1, 2007 Fee will be \$550. OFFICERS AND	OO Trust Fund Contr	bution.	Added to Fees	HANGES TO OFFI	<u> </u>	
10.  TITLE  NAME  STREET ADDRESS	P ROBERTS, AVERY C PO BOX 233	OO Trust Fund Contr	11.  IIILE NAME STREET ADDRESS	Added to Fees	HANGES TO OFFI	<u> </u>	
10. IIILE NAME	ay 1, 2007 Fee will be \$550.  OFFICERS AND P ROBERTS, AVERY C	OO Trust Fund Contr	11. IITLE NAME	Added to Fees	HANGES TO OFFI	<u> </u>	
10.  TITLE  NAME  STREET ADDRESS	P ROBERTS, AVERY C PO BOX 233	OO Trust Fund Contr	11.  IIILE NAME STREET ADDRESS	Added to Fees	HANGES TO OFFI	<u> </u>	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBERTS, AVERY C PO BOX 233 LAKE BUTLER, FL 32054	Trust Fund Contr	11.  IITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Added to Fees	HANGES TO OFFI	☐ Change	Addition
After Ma	P ROBERTS, AVERY C PO BOX 233 LAKE BUTLER, FL 32054 ST	Trust Fund Contr	11.  1ITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE	Added to Fees	HANGES TO OFFI	☐ Change	Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P ROBERTS, AVERY C PO BOX 233 LAKE BUTLER, FL 32054 ST BOLES, LINDA C	Trust Fund Contr	11.  IITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME	Added to Fees	HANGES TO OFFI	☐ Change	Addition
10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P ROBERTS, AVERY C PO BOX 233 LAKE BUTLER, FL 32054 ST BOLES, LINDA C 6798 CYRSTAL LAKE ROAD	Trust Fund Contr	11.  IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Added to Fees	HANGES TO OFFI	☐ Change	Addition
After Ma	P ROBERTS, AVERY C PO BOX 233 LAKE BUTLER, FL 32054 ST BOLES, LINDA C 6798 CYRSTAL LAKE ROAD	Trust Fund Contr	11.  11TLE NAME STREET ADDRESS CITY-ST-ZIP  11TLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees	HANGES TO OFFI	☐ Change	Addition
After Ma	P ROBERTS, AVERY C PO BOX 233 LAKE BUTLER, FL 32054 ST BOLES, LINDA C 6798 CYRSTAL LAKE ROAD	Trust Fund Contr	11.  IITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE	Added to Fees	HANGES TO OFFI	☐ Change	Addition
After Ma	P ROBERTS, AVERY C PO BOX 233 LAKE BUTLER, FL 32054 ST BOLES, LINDA C 6798 CYRSTAL LAKE ROAD	Trust Fund Contr	11.  11TLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME TITLE NAME	Added to Fees	HANGES TO OFFI	☐ Change	Addition
After Ma	P ROBERTS, AVERY C PO BOX 233 LAKE BUTLER, FL 32054 ST BOLES, LINDA C 6798 CYRSTAL LAKE ROAD	Trust Fund Contr	11.  11TLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	Added to Fees	HANGES TO OFFI	☐ Change	Addition
After Ma	P ROBERTS, AVERY C PO BOX 233 LAKE BUTLER, FL 32054 ST BOLES, LINDA C 6798 CYRSTAL LAKE ROAD	Trust Fund Contr	11.  11TLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees	HANGES TO OFFI	☐ Change	Addition Addition
After Ma	P ROBERTS, AVERY C PO BOX 233 LAKE BUTLER, FL 32054 ST BOLES, LINDA C 6798 CYRSTAL LAKE ROAD	Trust Fund Contr	11.  11TLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE	Added to Fees	HANGES TO OFFI	☐ Change	Addition Addition
After Ma  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P ROBERTS, AVERY C PO BOX 233 LAKE BUTLER, FL 32054 ST BOLES, LINDA C 6798 CYRSTAL LAKE ROAD	Trust Fund Contr	11.  11TLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME	Added to Fees	HANGES TO OFFI	☐ Change	Addition Addition
After Ma	P ROBERTS, AVERY C PO BOX 233 LAKE BUTLER, FL 32054 ST BOLES, LINDA C 6798 CYRSTAL LAKE ROAD	Trust Fund Contr	11.  11TLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	Added to Fees	HANGES TO OFFI	☐ Change	Addition Addition
After M:  10.  ITILE NAME STREET ADDRESS CITY-ST-ZIP  CONTROL OF THE NAME STREET ADDRESS CITY-ST-ZIP	P ROBERTS, AVERY C PO BOX 233 LAKE BUTLER, FL 32054 ST BOLES, LINDA C 6798 CYRSTAL LAKE ROAD	Trust Fund Contr	11.  11TLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees	HANGES TO OFFI	☐ Change ☐ Change ☐ Change	Addition Addition Addition
After Ma  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P ROBERTS, AVERY C PO BOX 233 LAKE BUTLER, FL 32054 ST BOLES, LINDA C 6798 CYRSTAL LAKE ROAD	Trust Fund Contr	11.  11TLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE	Added to Fees	HANGES TO OFFI	☐ Change ☐ Change ☐ Change	Addition Addition Addition
After Ma  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P ROBERTS, AVERY C PO BOX 233 LAKE BUTLER, FL 32054 ST BOLES, LINDA C 6798 CYRSTAL LAKE ROAD	Trust Fund Contr	11.  11TLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME	Added to Fees	HANGES TO OFFI	☐ Change ☐ Change ☐ Change	Addition Addition Addition
After M:  10.  ITILE NAME STREET ADDRESS CITY-ST-ZIP	P ROBERTS, AVERY C PO BOX 233 LAKE BUTLER, FL 32054 ST BOLES, LINDA C 6798 CYRSTAL LAKE ROAD	Trust Fund Contr	11.  11TLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	Added to Fees	HANGES TO OFFI	☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition Addition Addition
After M:  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	P ROBERTS, AVERY C PO BOX 233 LAKE BUTLER, FL 32054 ST BOLES, LINDA C 6798 CYRSTAL LAKE ROAD	Trust Fund Contr	11.  11TLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees	HANGES TO OFFI	☐ Change ☐ Change ☐ Change	Addition Addition Addition
After M:  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE TITLE	P ROBERTS, AVERY C PO BOX 233 LAKE BUTLER, FL 32054 ST BOLES, LINDA C 6798 CYRSTAL LAKE ROAD	Trust Fund Contr	T11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE	Added to Fees	HANGES TO OFFI	☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition Addition Addition
After M:  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P ROBERTS, AVERY C PO BOX 233 LAKE BUTLER, FL 32054 ST BOLES, LINDA C 6798 CYRSTAL LAKE ROAD	Trust Fund Contr	T11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME	Added to Fees	HANGES TO OFFI	☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition Addition Addition

12. Thereby certify that the information supplied with this itting does not quality for the exemptions contained in Chapter 119, Florida Statutes. 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 attackment with an address, with all other like empowered.

SIGNATURE LINGS C. BOLLA LINGS C. BOLES 4-11-07 386-496-350-