2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2005 8:00 am Secretary of State

DOCUMENT # P0000052381 1. Entity Name GEKE, INC.						04-21-2005	90218 ()26 ***15	50.00	
Principal Place of Business Mailing Address					-					
2651 47TH ST. 2651		2651 47TH ST.	651 47TH ST.							
SARASOTA, FL 34234 SARASOTA, FL 34234						III ii ii ii ii ii ii ii ii		i i in i i i i i i i i i i i i i i i i	 	
2. Principal P	lace of Business	3. Mailing Address	Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04142005	Chg-P	CR2E03	34 (10/03)			
City & Stale		City & State Zip - Country		4. FEI Number 65-1017	826		No	plied For t Applicable		
Zip		Zip	try	5. Certificate of Status Desired \$8.75 Additional Fee Required						
	6. Name and Address of Current i	Registered Agent		Name	7. Name and A	ddress of New R	egistered A	gent		
GREENE, GEORGE				ļ <u>. </u>	ess (P.O. Box Number is Not Acceptable)					
				- Supplies and the second seco						
				City FL 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. Lam familiar with, and accept the obligations of registered agent.										
SIGNATURE Signature, typod or printed having of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campa Trust Fund Cont			.00 May Be					
10. OFFICERS AND DIRECTORS 11.				····	ADDITIONS/C	HANGES TO OFFI	CERS AND	DIRECTORS	3 IN 11	
TITLE	D	☐ Delele	IIILI	i i		<u> </u>		Change	Addition	
NAME	GREENE, GEORGE		MAM	_					ŀ	
STREET AUDRESS CITY+ST-ZIP	2651 47TH ST.		- 1	ET ADDRESS - ST-ZIP						
	SARASOTA, FL 34234	Delete	1111			·····		Change	Addition	
NAME	JACKSON, KEVIN	C Desete	NAM	1				crange	[] Addition	
STREET ADDRESS	2651 47TH ST.			ET ADDRESS						
CITY-ST-ZIP	SARASOTA, FL 34234			-S1-ZIP						
TITLE:	*	☐ Delete	TITLI NAM	l l				Change	☐ Addition	
STREET AODRESS				LI ADDRESS						
CITY-ST-ZIP			CITY	-SI-ZIP			_			
HILE		☐ Delete	HIL	1				☐ Change	☐ Addition	
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STREET ADORESS CITY-ST-ZIP				-S1-ZIP				. *	ĺ	
TITLE		☐ Delete	TITL	E E		***		☐ Change	Addition	
NAME			NAM	l l					;	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP					l	
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NAME		. Delete	NAM	-11			•	□ Coange	☐ vocuson	
STREET ADDRESS			STRI	LT ADDRESS					ļ	
C:TY+ST-ZIP			CITY	-S1-21P						
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.										