



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90208 045 ***150.00

DOCUMENT # P01000023608 1. Entity Name GEOAGE, INC.					
Principal Place of Business 3740 ST. JOHNS BLUFF RD. S. SUITE 9 JACKSONVILLE, FL 32224			Mailing Address 3740 ST. JOHNS BLUFF RD. S. SUITE 9 JACKSONVILLE, FL 32224		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">60034630</div>  <div style="display: flex; justify-content: space-between; font-size: 12px;"> 04272006 Chg-P CR2E034 (11/05) </div>	
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-3705421				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHOLMONDELEY, ANITA 3740 ST. JOHNS BLUFF RD. S. SUITE 9 JACKSONVILLE, FL 32224				7. Name and Address of New Registered Agent Name KYLE McCLUNG Street Address (P.O. Box Number is Not Acceptable) 13115 VIA ROMA COURT City JACKSONVILLE FL Zip Code 32224	
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 _____ DATE 4-28-06 <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	D MARINATOS, ANTHONY 5396 OAK BAY DRIVE NORTH JACKSONVILLE, FL 32277	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRODER, BRUCE 7997 WOODPECKER TRAIL JACKSONVILLE, FL. 32256	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMBERT, J. DAVID 1823 SELVA GRANDE DRIVE ATLANTIC BEACH, FL 32233	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAJAJIA, GEORGE 3740 ST. JOHNS BLUFF RD. S, SUITE 9 JACKSONVILLE, FL. 32224	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERCKEL, GERALD U 4390 TRADEWINDS DR JACKSONVILLE, FL 32250	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PURCELL, KEN 1908 1st. NORTH STREET JACKSONVILLE, FL. 32250	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROWLEY, MICHAEL 7852 WOODSDALE LANE JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARNOLD, JEFF 700 IRONWOOD DRIVE # 728 PONTE VEDRA, FL. 32082	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHOLMONDELEY, ANITA C SEC 701 SAN JOSE ROAD ST. AUGUSTINE, FL 32086	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S McCLUNG, KYLE 13115 VIA ROMA COURT JACKSONVILLE, FL. 32224	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARNOLD, JEFFREY 3737 ST. JOHNS BLUFF RD. SOUTH # 416 JACKSONVILLE, FL 32224	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ DATE 4/28/2006 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					