


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000039845</b>		
1. Entity Name GENERATOR TECHNICAL SERVICES, INC.		
Principal Place of Business 207 HIBISCUS AVE. GULF BREEZE, FL 32561	Mailing Address 207 HIBISCUS AVE. GULF BREEZE, FL 32561	



04142008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3720422	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  ROARK, DONALD A 125 S ALCANIZ ST, STE 1 PENSACOLA, FL 32501
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**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP HICKS, DUANE 207 HIBISCUS AVE. GULF BREEZE, FL 32561
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LATTA, RALPH 209 HIBISCUS AVE. GULF BREEZE, FL 32561
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST HICKS, MARIA 207 HIBISCUS AVE. GULF BREEZE, FL 32561
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000919445  
05/14/08-80004-009 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report or supplemental report is true and accurate and that my signature shall be that of the corporation or the receiver or trustee empowered to execute this report as required by law, or changed, or on an attachment with an address, with all other like empowered.

**PLEASE SIGN  
& DATE**

SIGNATURE *Manuel D. Hicks*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

119. Florida Statutes. I further certify that the information reflected as if made under oath; that I am an officer or director of the corporation; and that my name appears in Block 10 or Block 11 if

4/22/08 850-932-9264  
Date Daytime Phone #