## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:  $\lambda$ 

## Jan 26, 2004 8:00 am Secretary of State DOCUMENT # P01000074258 01-26-2004 90001 037 \*\*\*150.00 1. Entity Name GERBO, INC. Principal Place of Business Mailing Address 4516 SPRING ROAD **4516 SPRING ROAD** VALRICO, FL 33594 VALRICO, FL 33594 No Chg-P 01152004 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2692656 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KEITH, W.C. DO NOT WRITE 1722 STAYSAIL DRIVE VALRICO, FL 33594 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 according to the control of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the control of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the control of the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE BOEHM, SERRY NAME 4516 SPRING ROAD STREET ADDRESS CITY-ST-ZIP VALRICO, FL 33594 TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-7IP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY+ST-7IP 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 application, with all other like empowered.

ING OFFICER OR DIRECTOR

**FILED**