

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000107675

FILED
Apr 28, 2006
Secretary of State

Entity Name: GECS OF FLORIDA, INCORPORATED

Current Principal Place of Business:

160 SOFTWIND TRAIL
MAITLAND, FL 32751

New Principal Place of Business:

4376 MEDALLION DRIVE
1102
ORLANDO, FL 32808

Current Mailing Address:

PO BOX 940924
MAITLAND, FL 327940924

New Mailing Address:

FEI Number: 26-0035938 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIZELL, GREGORY L
P O BOX 940924
MAITLAND, FL 327940924 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MIZELL, GREGORY L
Address: P O BOX 940924
City-St-Zip: MAITLAND, FL 327940924

Title: VD () Delete
Name: MIZELL, EARLENE
Address: P O BOX 940924
City-St-Zip: MAITLAND, FL 327940924

Title: STD () Delete
Name: MIZELL, SABRINA
Address: P O BOX 940924
City-St-Zip: MAITLAND, FL 327940924

Title: CD () Delete
Name: OGLETREE, CONTESSA
Address: 539 CARLTON POINTE DRIVE
City-St-Zip: PALMETTO, GA 30268

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREGORY L. MIZELL

PRES

04/28/2006

Electronic Signature of Signing Officer or Director

Date