## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000107675

Entity Name: GECS OF FLORIDA, INCORPORATED

FILED May 06, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
	RAND AVENI D, FL 32751	JE US		
Current Mailing Address:			New Mailing Address:	
P O BOX 940924 MAITLAND, FL 32794 US		US		
FEI Number: 26-0035938		FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	d Address of	Current Registered Agent:	Name and Address of	f New Registered Agent:
1908 DÜR	REGORY L RAND AVENI D, FL 32751	JE US		
	e named entity e of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,
SIGNATU	RE:			
	Electro	nic Signature of Registered Ac	gent	Date
		93(2)(b), F.S., the corporation did r	not receive the prior notice.	
	mpaign Financir S AND DIREC	ng Trust Fund Contribution ( ).	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTOR
Title:				
Name:	MIZELL, GRE	) Delete 3ORY L	Name:	( ) Change ( ) Addition
Address:	P O BOX 9409	924	Address:	
City-St-Zip:	MAITLAND, FL	. 32751 US	City-St-Zip:	
Title:	VD (	\ Doloto	Title:	( ) Change ( ) Addition
Name:	MIZELL, EARL	) Delete ENE	Name:	( ) Change ( ) Addition
Address:	P O BOX 9409		Address:	
City-St-Zip:	MAITLAND, FL		City-St-Zip:	
Title:	STD (	) Delete	Title:	( ) Change ( ) Addition
Name:	MIZELL, SABF	RINA	Name:	
Address:	P O BOX 9409		Address:	
City-St-Zip:	MAITLAND, FL	. 32794	City-St-Zip:	
Title:	CD (	) Delete	Title:	( ) Change ( ) Addition
Name:	OGLETREE, C	CONTESSA	Name:	
Address:		I POINTE DRIVE	Address:	
City-St-Zip:	PALMETTO, G	A 30268	City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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: EARLENE MIZELL VD 05/06/2009