2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2004 8:00 am
Secretary of State
07-08-2004 90098 035 ***150.00

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1. Entity Name
GECKO CONSULTING CORPORATION

Principal Place of Business	Mailing Address
P.O. BOX 260241 TAMPA, FL 33685	P.O. BOX 260241 TAMPA, FL 33685

07052004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 27-0017025 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KAGAN, EDWIN B 2709 ROCKY POINT DR., STE. 102 TAMPA, FL 33607	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LIBBY, CHRISTOPHER J P.O. BOX 260241 TAMPA, FL 33685	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LIBBY, CHRISTOPHER J PO BOX 260241 TAMPA FL 33685	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V RODRIGUEZ, DANIEL R P.O. BOX 260241 TAMPA, FL 33685	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V RODRIGUEZ, DANIEL R PO BOX 260241 TAMPA FL 33685	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S RIMES, BRIAN A PO BOX 26041 TAMPA, FL 33685	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V RIMES, BRIAN A PO BOX 260241 TAMPA FL 33685	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PHELPS, DANIEL W PO BOX 260241 TAMPA, FL 33685	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V PHELPS, DANIEL W PO BOX 260241 TAMPA FL 33685	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V POWELL, SAMUEL B PO BOX 260241 TAMPA FL 33685	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 address, with all other like empowered.

SIGNATURE: _____ 7/5/2004 813-926-4041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #