

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90142 046 \*\*\*150.00

<b>DOCUMENT # P03000102676</b> 1. Entity Name <b>G2 TECHNOLOGIES, INC.</b>					
Principal Place of Business <b>2240 BELLEAIR RD STE 150 CLEARWATER, FL 33764</b>			Mailing Address <b>2240 BELLEAIR RD STE 150 CLEARWATER, FL 33764</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address <b>PO Box 1394</b> Suite, Apt. #, etc.		
City & State <b>LARGO, FL</b>			4. FEI Number <b>90-0109383</b>		
Zip <b>33779</b>			Country <b>FL</b>		
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required			Applied For <input type="checkbox"/> Not Applicable		
6. Name and Address of Current Registered Agent <b>DROUBIE, ROBERT J SEC 2240 BELLEAIR RD STE 150 CLEARWATER, FL 33764</b>			7. Name and Address of New Registered Agent Name <b>506 PALM DR</b> Street Address (P.O. Box Number is Not Acceptable) City <b>LARGO</b> <b>FL</b> Zip Code <b>33770</b>		
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: <u><i>Robert J Droubie</i></u> DATE: <u><i>4/28/05</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KAPLAN, GARY S 5450 COUNTY RD 581 #115 WESLEY CHAPEL, FL 33543	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DROUBIE, ROBERT J 2240 BELLEAIR RD STE 150 CLEARWATER, FL 33764	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DROUBIE, ROBERT J 2240 BELLEAIR RD STE 150 CLEARWATER, FL 33764	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DROUBIE, ROBERT J 2240 BELLEAIR RD STE 150 CLEARWATER, FL 33764	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DROUBIE, ROBERT J 2240 BELLEAIR RD STE 150 CLEARWATER, FL 33764	<input type="checkbox"/> Delete			
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: <u><i>Robert J Droubie</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u><i>4/28/05</i></u> Daytime Phone #: <u><i>727-692-7521</i></u>			

**50047005**



04222005 Chg-P CR2E034 (10/03)