

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90021 035 ***150.00

DOCUMENT # P03000112972 1. Entity Name GEFFTRANSLATIONS, INC. NAME CHANGE to GL TRANSLATIONS, INC.																											
Principal Place of Business 2400 FEATHER SOUND DR #621 FEATHERSOUND CLEARWATER, FL 33762		Mailing Address 2400 FEATHER SOUND DR #621 FEATHER CLEARWATER, FL 33762																									
2. Principal Place of Business - No P.O. Box # 2400 FEATHER SOUND DRIVE		3. Mailing Address 2400 FEATHER SOUND DR.																									
Suite, Apt. #, etc. 621		Suite, Apt. #, etc. 621																									
City & State CLEARWATER, FL		City & State CLEARWATER, FL																									
Zip 33762		Zip 33762																									
Country USA		Country USA																									
4. FEI Number 01-0799326		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent LONCAR, GABRIELA 2400 FEATHERSOUND DR #621 CLEARWATER, FL 33762		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																									
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;">Delete</td> </tr> <tr> <td>NAME</td> <td>P LONCAR, GABRIELA</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2400 FEATHER SOUND DR., #621</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>CLEARWATER, FL 33762</td> <td></td> </tr> </table>		TITLE	NAME	Delete	NAME	P LONCAR, GABRIELA	<input type="checkbox"/>	STREET ADDRESS	2400 FEATHER SOUND DR., #621		CITY - ST - ZIP	CLEARWATER, FL 33762		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;">Change Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	Change Addition	NAME		<input type="checkbox"/> <input type="checkbox"/>	STREET ADDRESS			CITY - ST - ZIP		
TITLE	NAME	Delete																									
NAME	P LONCAR, GABRIELA	<input type="checkbox"/>																									
STREET ADDRESS	2400 FEATHER SOUND DR., #621																										
CITY - ST - ZIP	CLEARWATER, FL 33762																										
TITLE	NAME	Change Addition																									
NAME		<input type="checkbox"/> <input type="checkbox"/>																									
STREET ADDRESS																											
CITY - ST - ZIP																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;">Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	Delete	NAME		<input type="checkbox"/>	STREET ADDRESS			CITY - ST - ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;">Change Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	Change Addition	NAME		<input type="checkbox"/> <input type="checkbox"/>	STREET ADDRESS			CITY - ST - ZIP		
TITLE	NAME	Delete																									
NAME		<input type="checkbox"/>																									
STREET ADDRESS																											
CITY - ST - ZIP																											
TITLE	NAME	Change Addition																									
NAME		<input type="checkbox"/> <input type="checkbox"/>																									
STREET ADDRESS																											
CITY - ST - ZIP																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;">Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	Delete	NAME		<input type="checkbox"/>	STREET ADDRESS			CITY - ST - ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;">Change Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	Change Addition	NAME		<input type="checkbox"/> <input type="checkbox"/>	STREET ADDRESS			CITY - ST - ZIP		
TITLE	NAME	Delete																									
NAME		<input type="checkbox"/>																									
STREET ADDRESS																											
CITY - ST - ZIP																											
TITLE	NAME	Change Addition																									
NAME		<input type="checkbox"/> <input type="checkbox"/>																									
STREET ADDRESS																											
CITY - ST - ZIP																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;">Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	Delete	NAME		<input type="checkbox"/>	STREET ADDRESS			CITY - ST - ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;">Change Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	Change Addition	NAME		<input type="checkbox"/> <input type="checkbox"/>	STREET ADDRESS			CITY - ST - ZIP		
TITLE	NAME	Delete																									
NAME		<input type="checkbox"/>																									
STREET ADDRESS																											
CITY - ST - ZIP																											
TITLE	NAME	Change Addition																									
NAME		<input type="checkbox"/> <input type="checkbox"/>																									
STREET ADDRESS																											
CITY - ST - ZIP																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;">Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	Delete	NAME		<input type="checkbox"/>	STREET ADDRESS			CITY - ST - ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;">Change Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	Change Addition	NAME		<input type="checkbox"/> <input type="checkbox"/>	STREET ADDRESS			CITY - ST - ZIP		
TITLE	NAME	Delete																									
NAME		<input type="checkbox"/>																									
STREET ADDRESS																											
CITY - ST - ZIP																											
TITLE	NAME	Change Addition																									
NAME		<input type="checkbox"/> <input type="checkbox"/>																									
STREET ADDRESS																											
CITY - ST - ZIP																											
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		Date: 4/11/08 Daytime Phone # _____																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																											

ATTACHMENT
40066640
103000112972

April 11, 2008

Gabriela Loncar
2400 Feathersound Dr. #621
Clearwater, FL 33762

FLORIDA DEPARTMENT OF STATE
Division of Corporations
P.O. Box 8800
Tallahassee, FL 32314

RE: Corporation Name Change Request

To Whom It May Concern:

I would like to request that the name of the existing Corporation GLH Translations registered to Gabriela Loncar, EIN # 010799326 be changed to "GL Translations".

Current Corporation Name: GLH Translations

NEW CORPORATION NAME REQUESTED: GL Translations

Thank you,
Gabriela Loncar

