## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## May 07, 2008 8:00 am Secretary of State DOCUMENT # P03000123595 1. Entity Name 05-07-2008 90111 031 \*\*\*150.00 GEORGES BUILDING, INC. Principal Place of Business Mailing Address 2493 STATE ROAD 207 2493 STATE ROAD 207 LOT # 3 ST. AUGUSTINE FL 32086 ST. AUGUSTINE FL 32086 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 20-0352781 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LANSFORD, GEORGE W 2493 STATE ROAD 207 Street Address (P.O. Box Number is Not Acceptable) LOT # 3 ST. AUGUSTINE FL 32086 City 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 Signature, typed or printed reason of registered agent and late if applicable. (NOTE: Registered Agent signature required when repetation) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete Change ■ Addition NAME LANSFORD, GEORGE W NAME STREET ADDRESS 2493 STATE ROAD 207 LOT # 3 STREET ADDRESS ST. AUGUSTINE FL 32086 CITY-ST-ZIP TITLE Daiete TIΠE Change Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME\* STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS

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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.

CiTY - ST- 7/P 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information

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