

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 14, 2004 8:00 am
Secretary of State

09-14-2004 90001 018 ***563.75

DOCUMENT # P03000139171

1. Entity Name

GEBLER PRECISION STUCCO, INC.



Principal Place of Business

16329 NE 153 PL
FT MCCOY FL 32134

Mailing Address

16329 NE 153 PL
FT MCCOY FL 32134

54072883

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

OCALA FL.

Zip
32134

Country
USA

3. Mailing Address

16329 NE 153 PL

Suite, Apt. #, etc.

City & State

OCALA FL.

Zip
32134

Country
USA

4. FEI Number

200429712

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

MOORE

CR2E034 (4/04)



6. Name and Address of Current Registered Agent

BARNES & JAMES, P.A.
2629 BLAIR STONE RD
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name
SAMC

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

Donald Heller

9/07/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
GEBLER, ERIC
16329 NE 153 PL
FT MCCOY, FL 32134 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
GEBLER, JERRY
16329 NE 153 PL
FT MCCOY FL 32134 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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:

Donald Heller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/07/04 (352) 685 9315

Date

Daytime Phone #