

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2008 8:00 am**  
**Secretary of State**

02-27-2008 90017 028 \*\*\*150.00

**DOCUMENT # P04000012236**

1. Entity Name

GERLACH ENGINEERING INC.



Principal Place of Business

707 MULLETT ROAD  
SUITE 114  
PT. CANAVERAL FL 32920

Mailing Address

707 MULLETT ROAD  
SUITE 114  
PT. CANAVERAL FL 32920



2. Principal Place of Business - No P.O. Box #

739 SCALLOP DRIVE

Suite, Apt. #, etc.

71

3. Mailing Address

739 SCALLOP DRIVE

Suite, Apt. #, etc.

71

1st MOORE

CR2E034 (10/07)

City & State

PT CANAVERAL, FL.

City & State

PT. CANAVERAL FL

4. FEI Number

34-1976165

Applied For

Not Applicable

Zip

32920

Country

USA

Zip

32920

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GERLACH, ROBERT W  
707 MULLETT ROAD  
SUITE 114  
PT. CANAVERAL FL 32920

7. Name and Address of New Registered Agent

Name GERLACH, ROBERT W.

Street Address (P.O. Box Number is Not Acceptable)

739 SCALLOP DRIVE

SUITE 71

City

PT CANAVERAL

FL

Zip Code

32920

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

*Robert W. Gerlach*

2-21-08

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution: ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME GERLACH, ROBERT W  
STREET ADDRESS 707 MULLETT ROAD SUITE 114  
CITY-ST-ZIP PT. CANAVERAL FL 32920 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME GERLACH ROBERT W. ☒ Change ☐ Addition  
STREET ADDRESS 739 SCALLOP DR. #71  
CITY-ST-ZIP PT. CANAVERAL FL 32920

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

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

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

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

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 exemptions contained in Section 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:

*Robert W. Gerlach*

Robert W. GERLACH

Date

Daytime Phone #

2-21-08 321.784.5595