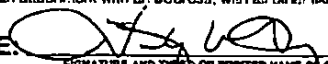


2005 FOR PROFIT CORPORATION ANNUAL REPORT

8/11/2005-90001-041-\$550.00-\$550.00

DOCUMENT # P04000130577 1. Entity Name T. L. GEARY CONTRACTING, INC.						05 OCT -1 AM 9:11 SEAL STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business P.O. BOX 614 PALM CITY, FL 34991-0614				Mailing Address P.O. BOX 614 PALM CITY, FL 34991-0614			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 061735689				Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GEARY-TIMOTHY L 2125 E GLENROCK TERR PORT ST LUCIE, FL 34952				7. Name and Address of New Registered Agent Name 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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remitting)							
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE D ☐ Delete NAME GEARY, TIMOTHY L STREET ADDRESS P.O. BOX 614 CITY- ST- ZIP PALM CITY, FL 349910614				TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY- ST- ZIP			
TITLE PVST ☐ Delete NAME GEARY, TIMOTHY L STREET ADDRESS P.O. BOX 614 CITY- ST- ZIP PALM CITY, FL 349910614				TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY- ST- ZIP			
TITLE ☐ Delete NAME STREET ADDRESS CITY- ST- ZIP				TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY- ST- ZIP			
TITLE ☐ Delete NAME STREET ADDRESS CITY- ST- ZIP				TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY- ST- ZIP			
TITLE ☐ Delete NAME STREET ADDRESS CITY- ST- ZIP				TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY- ST- ZIP			
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 				8/4/05 772-335-0949 Date Day/Date Phone #			