## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 27, 2008 08:00 Al **DOCUMENT # P04000144987 Secretary of State** GEEZ LEWEEZ, INC. Principal Place of Business Mailing Address 2330 PALM RIDGE ROAD 2330 PALM RIDGE RD SANIBEL, FL 33957 US SANIBEL, FL 33957 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 01222008 Chg-P CR2E034 (12/06) 4. FEI Number Applied For City & State City & State 38-3691378 Not Applicable Zin Country Zip 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 Namo KUJAWA, PATRICIA A Street Address (P.O. Box Number is Not Acceptable) 561 KINSEY ISLAND COURT SANIBEL, FL 33957 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, typed or printed name of recistered agent and title if applicable \*(NOTE: Registered Againt signature required when relinstating) DATE 9. Election Campalgn Financing \$5.00 May Be WEILE NOW!!!-FEE IS \$150.00 30 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Addition Delete U00000871742 NAME KUJAWA, PATRICIA A NAME 04/10/08-80010-013 150.00 561 KINSEY ISLAND COURT STREET ADDRESS STREET ADDRESS CITY - ST - ZIP SANIBEL, FL 33957 CITY-ST-ZIP VP.T TITLE ☐ Delete TITLE ☐ Change ☐ Addition STAN, KUJAWA K NAME NAME STREET ADDRESS 561 KINSEY ISLAND COURT STREET ADDRESS SANIBEL, FL 33957 CITY - ST - ZIP CITY-ST-ZIE TITLE ☐ Delete ☐ Change Addition KUJAWA, PATRICIA A NAME NAME STREET ADDRESS 561 KINSEY ISLAND COURT STREET ADDRESS CITY-ST-7IP SANIBEL, FL 33957 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition STAN, KUJAWA J NAME NAME 561 KINSEY ISLAND COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SANIBEL, FL 33957 CITY-ST-ZIP TITLE Delete TITLE [7] Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP 12. Thereby 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 arn an officer or director of the corporation of 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.

NAME OF BIGNING OFFICER OR DIRECTOR

**FILED**