

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000040187

1. Entity Name
GET-UR-DONE, INC.



FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90212 044 ***150.00

Principal Place of Business
364 WILSHIRE BLVD
CASSELBERRY, FL 32701

Mailing Address
364 WILSHIRE BLVD
CASSELBERRY, FL 32701

2. Principal Place of Business

1033 S.R. 436

3. Mailing Address

1033 S.R. 436

Suite, Apt. #, etc.

Suite 145

Suite, Apt. #, etc.

Suite 145

City & State

Casselberry, FL

City & State

Casselberry, FL

Zip

32707

Country

USA

Zip

32707

Country

USA

04212006

Chg-P

CR2E034 (11/05)

4. FEI Number

76-0786431

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

G&L AGENT SERVICES, INC.
390 N ORANGE AVE
STE 600
ORLANDO, FL 32801

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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
President = P
Jess E Hembree III
2210 Heatheroak Dr
Apopka, FL 32703 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary / Treasurer = T/S
Jeanna Hembree
2210 Heatheroak Dr
Apopka, FL 32703 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby 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 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:

Jeanna Hembree

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-06

Date

407-339-3800

Daytime Phone #