


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90032 016 \*\*\*158.75

<b>DOCUMENT # P05000097631</b>							
1. Entity Name GEE GEE, INC.							
Principal Place of Business 1832 FLAGLER AVENUE LEHIGH, FL 33972			Mailing Address 1832 FLAGLER AVENUE LEHIGH, FL 33972				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip		Country	Zip		Country		
4. FEI Number <b>83-043-4452</b>				Applied For Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
HODGES, KIMBERLEY A 12460 WOODTIMBER LANE FORT MYERS, FL 33913			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BENDOLA, BENJAMIN G		NAME				
STREET ADDRESS	1832 FLAGLER AVENUE		STREET ADDRESS				
CITY-ST-ZIP	LEHIGH, FL 33972		CITY-ST-ZIP				
TITLE	S, T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BENDOLA, JEAN C		NAME				
STREET ADDRESS	1832 FLAGLER AVENUE		STREET ADDRESS				
CITY-ST-ZIP	LEHIGH, FL 33972		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition		
NAME			NAME	V HODGES, KIMBERLEY			
STREET ADDRESS			STREET ADDRESS	12460 WOODTIMBER LN.			
CITY-ST-ZIP			CITY-ST-ZIP	FORT MYERS, FL 33913			
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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: <u>JEAN BENDOLA S.T.</u>		SIGNATURE: <u>JEAN BENDOLA</u>		Date: <u>02-04-06</u> 239-309-7229			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			