

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P05000097631

1. Entity Name  
GEE GEE, INC.



Principal Place of Business  
1832 FLAGLER AVENUE  
LEHIGH, FL 33972

Mailing Address  
1832 FLAGLER AVENUE  
LEHIGH, FL 33972



04092007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
83-0434452

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HODGES, KIMBERLEY A  
12460 WOODTIMBER LANE  
FORT MYERS, FL 33913

**DO NOT WRITE  
IN THIS SPACE**

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, 2007 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BENDOLA, BENJAMIN G
STREET ADDRESS	1832 FLAGLER AVENUE
CITY-ST-ZIP	LEHIGH, FL 33972
TITLE	S, T
NAME	BENDOLA, JEAN C
STREET ADDRESS	1832 FLAGLER AVENUE
CITY-ST-ZIP	LEHIGH, FL 33972
TITLE	V
NAME	HODGES, KIMBERLEY
STREET ADDRESS	12460 WOODTIMBER LN
CITY-ST-ZIP	FORT MYERS, FL 33913
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000712379  
04/26/07-80046-001 158.75

**DO NOT WRITE  
IN THIS SPACE**

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:

*Benjamin G. Bendola*

BENJAMIN G. BENDOLA

04-10-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #