

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 11, 2007 8:00 am
Secretary of State

07-11-2007 90079 025 ***150.00

DOCUMENT # P05000145349

1. Entity Name

GERHARD MOSTERT INC.



Principal Place of Business

2631 EAGLES NEST COURT
ORLANDO FL 32837

Mailing Address

2631 EAGLES NEST COURT
ORLANDO FL 32837



2. Principal Place of Business - No P.O. Box #

2631 EAGLES NEST COURT

Suite, Apt. #, etc.

3. Mailing Address

2631 EAGLES NEST COURT

Suite, Apt. #, etc.

2nd MOORE

CR2E034 (4/07)

City & State

ORLANDO FL

City & State

ORLANDO FL

4. FEI Number

02-0756325

Applied For

Not Applicable

Zip

32837

Country

ORANGE

Zip

32837

Country

ORANGE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOSTERT, GERHARD
2631 EAGLES NEST COURT
ORLANDO FL 32837

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 file if applicable

(NOTE: Registered Agent signature required when registering)

DATE

7/2/07

FILE NOW!!! FEE IS \$550.00

DUE BY September 5, 2007

Make Check Payable to Florida Department of State

S.607 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00 ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME MOSTERT, GERHARDUS
STREET ADDRESS 2631 EAGLES NEST COURT
CITY- ST- ZIP ORLANDO FL 32837 ☐ Delete

TITLE V
NAME MOSTERT, VALERIE
STREET ADDRESS 2631 EAGLES NEST COURT
CITY- ST- ZIP ORLANDO FL 32837 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY- ST- ZIP ☐ Delete

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CITY- ST- ZIP ☐ Delete

TITLE
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 officers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/2/07

Date

Secretary of State