

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90097 050 ***150.00

DOCUMENT # P05000157515 1. Entity Name GEDDES SERVICES, INC.			
Principal Place of Business 10020 WAUCHULA ROAD MYAKKA CITY, FL 34251		Mailing Address 10020 WAUCHULA ROAD MYAKKA CITY, FL 34251	
2. Principal Place of Business - No P.O. Box # 824 Alderwood Way		3. Mailing Address 824 Alderwood Way	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Sarasota, FL		City & State Sarasota, FL	
Zip 34243		Zip 34243	
Country 		Country 	
4. FEI Number 20-3880022		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SWANEY, NATALIE 5777 BENEVA ROAD SOUTH SARASOTA, FL 34233		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7131 Curtiss Ave Unit #2 City Sarasota FL Zip Code 34231	
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 <u>Natalie Swaney</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>5/7/07</u>			
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEDDES, GLENN 10020 WAUCHULA ROAD MYAKKA CITY, FL 34251	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 824 Alderwood Way Sarasota, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>5/7/07</u> <small>Daytime Phone #</small>	

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