


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 10, 2007 8:00 am**  
**Secretary of State**

09-10-2007 90004 037 \*\*\*150.00

<b>DOCUMENT # P06000091630</b> 1. Entity Name <b>GEAR, INC.</b>					
Principal Place of Business <b>13452 BOYETTE ROAD LITHIA, FL 33547</b>			Mailing Address <b>5845 MEADOWPARK PLACE LITHIA, FL 33547</b>		
2. Principal Place of Business - No P.O. Box # <b>14231 Powell Road</b>		3. Mailing Address <b>14231 Powell Road</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Spring Hill, FL</b>		City & State <b>Spring Hill, FL</b>		4. FEI Number <b>56-2601217</b>	
Zip <b>34609</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KRAEMER, GRACE E 14231 POWELL ROAD SPRING HILL, FL 34609</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST</b> <b>KRAEMER, GRACE E</b> <b>5845 MEADOWPARK PLACE</b> <b>LITHIA, FL 33547</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>14231 Powell Road</b> <b>Spring Hill, FL 34609</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KEITH, WYNN</b> <b>3187 SANIBEL DRIVE</b> <b>HERNANDO BEACH, FL 34607</b> <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	
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	
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.					
<b>SIGNATURE:</b> <i>Grace E. Kraemer</i>			Date <b>9/1/07</b> Daytime Phone # <b>352-544-8135</b>		