

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 31, 2004 8:00 am**  
**Secretary of State**

03-31-2004 90031 009 \*\*\*150.00

**DOCUMENT # P93000070105**

1. Entity Name

GERAMCO, INC.



Principal Place of Business

15 FERRY PLACE  
ST. AUGUSTINE FL 32095

Mailing Address

P.O. BOX 4128  
ST. AUGUSTINE FL 32085

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number  
**59-3205104**

Applied For  
Not Applicable

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



MOORE CR2E034 (11/03)

## 6. Name and Address of Current Registered Agent

**AJLONI, SAM**  
**1820 OLD MOULTRIE ROAD**  
**ST. AUGUSTINE FL 32086**

## 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004. Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

T ☐ Delete  
NAME **EICKHOFF, ANETTE**  
STREET ADDRESS **UNTERE STRASSE 25**  
CITY-ST-ZIP **38170 WINNIGSTEDT, GERMANY**

P ☐ Delete  
NAME **EICKHOFF, ERIKA**  
STREET ADDRESS **UNTERE STRASSE 25**  
CITY-ST-ZIP **38170 WINNIGSTEDT GE**

V ☐ Delete  
NAME **EICKHOFF, HENNING**  
STREET ADDRESS **UNTERE STRASSE 25**  
CITY-ST-ZIP **38170 WINNIGSTEDT GE**

☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *Enha Eickhoff, President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/20/04*  
Date

*(904) 826-4433*  
Daytime Phone #