2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000086444

Title:

Name:

Address:

City-St-Zip:

TREA

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BISPLINGHOFF, ROBERT E

3480 BEE RIDGE ROAD

SARASOTA, FL 34239

FILED Mar 13, 2009 Secretary of State

Entity Name: GETTEL ENTERPRISES, INC.					
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
2985 N. MA GAINESVIL	NN ST. LE, FL 32609	US			
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
2985 N. MAIN ST. GAINESVILLE, FL 32609 US					
FEI Number:	65-0458896	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				New Registered Agent:	
ROHLMAN, ADAM 2985 N. MAIN STREET GAINESVILLE, FL 32609 US			BISPLINGHOFF, BOB 2985 N. MAIN STREET GAINESVILLE, FL 3260		
The above in the State		bmits this statement for the po	urpose of changing its registered	office or registered agent, or both,	
SIGNATURE: BOB BISPLINGHOFF				03/13/2009	
	Electronic	Signature of Registered Age	nt	Date	
Election Carr	paign Financing	Frust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete GETTEL, JAMES C. 6423 14TH ST W BRADENTON, FL 34207 US		Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:			Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:			Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	ess: 3480 BEE RIDGE ROAD		Title: (Name: Address: City-St-Zip:) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: BOB BISPLINGHOFF COO 03/13/2009

() Change () Addition