

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 27, 2008 8:00 am**  
**Secretary of State**

03-27-2008 90026 045 \*\*\*150.00

**DOCUMENT # P94000004400**

1. Entity Name

GEODETIC ASSOCIATES, INC.



Principal Place of Business

6140 3RD AVE N  
ST. PETERSBURG FL 33710  
US

Mailing Address

6140 3RD AVE N  
ST. PETERSBURG FL 33710  
US



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number **59-3226987**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

RODGERS, BRUCE  
609 W HORATIO STREET  
TAMPA FL 33606

7. Name and Address of New Registered Agent

Name **PATRICK J. HALPIN, Esq.**  
Street Address (P.O. Box Number is Not Acceptable)  
**8801 DR. MARTIN LUTHER KING ST. N**  
City **St. Petersburg** **FL** Zip Code **33702**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or corp. in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Patrick J. Halpin*

(NOTE: Registered Agent signature required when reappointing)

DATE

**3/11/08**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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

TITLE	D	<input type="checkbox"/> Delete
NAME	RIDDLE, ELVIRA	
STREET ADDRESS	6140 3RD AVE NO	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Elvira Riddle* **ELVIRA RIDDLE**

**03/13/08** **727-385-0907**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #