

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90046 048 ***150.00



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1. Entity Name
GEBETOM, INC.

Principal Place of Business Mailing Address
7205 ESTERO BLVD. P.O. BOX 770353
STE 712 NAPLES FL 34107
FORT MYERS BEACH FL 33931-4712 US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Site, Apt. #, etc. Site, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3276146** Applied For
 Not Applicable

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

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAXWELL, GEORGE
232 HICKORY ROAD-BOX 770353
NAPLES FL 34107-0353

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 _____ DATE _____
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent's signature required when re-registering)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	MAXWELL, GEORGE	232 HICKORY RD.	NAPLES FL 34108	<input type="checkbox"/>
D	DUFFY, BETTY C	3000 GULF SHORE BLVD.	NAPLES FL 34103	<input type="checkbox"/>
ST	MAXWELL, C R	232 HICKAM ROAD	NAPLES FL 34108	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

232 Hickory Road

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 empowerers.

SIGNATURE: *George Maxwell*

1.22.08 239-597-7414