


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90055 025 ***158.75

DOCUMENT # P94000069773	
1. Entity Name GE PROPERTY SERVICES, INC.	

Principal Place of Business 1084 BUSINESS LANE NAPLES, FL 34110 US	Mailing Address PO BOX 1318 BONITA SPRINGS, FL 34133 US
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40029352



2. Principal Place of Business - No P.O. Box # 1004 Collier Center Way	3. Mailing Address Suite, Apt. #, etc. Suite 102
Suite, Apt. #, etc. Suite 102	Suite, Apt. #, etc. City & State Naples, Florida
City & State Naples, Florida	City & State Zip 34110
Country USA	Country Zip 34110

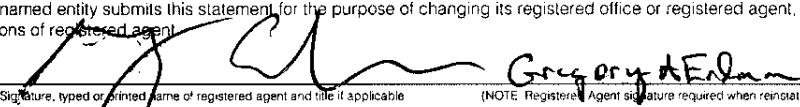
03022007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0515987	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

6. Name and Address of Current Registered Agent ERDMAN, GREGORY A 1084 BUSINESS LANE NAPLES, FL 34110	7. Name and Address of New Registered Agent Name Erdman, Gregory A Street Address (P.O. Box Number is Not Acceptable) 1004 Collier Center Way Suite 102 City Naples FL Zip Code 34110
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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  **Gregory A Erdman** 3-2-07
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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERDMAN, GREGORY A 1084 BUSINESS LANE NAPLES, FL 34110 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Erdman, Gregory A 1004 Collier Center Way Ste 102 Naples, FL 34110 <input checked="" 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
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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.

SIGNATURE:  **Gregory A Erdman** 3-2-07 (239)592-7499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #