


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90227 027 \*\*\*150.00

<b>DOCUMENT # P95000028596</b> 1. Entity Name <b>GEL GENERAL MAINTENANCE INC.</b>			
Principal Place of Business <b>1810 19TH ST, SW NAPLES, FL 34117 US</b>		Mailing Address <b>1810 19TH ST SW NAPLES, FL 34417 US</b>	
2. Principal Place of Business - No P.O. Box # <b>2720 24th AVE SE</b> Suite, Apt. #, etc.		3. Mailing Address <b>2720 24th AVE SE</b> Suite, Apt. #, etc.	
City & State <b>NAPLES, FL</b>		City & State <b>NAPLES, FL</b>	
Zip <b>34117</b>		Zip <b>34117</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>65-0583208</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>LAGACE, GERARD 1810 19TH ST, SW NAPLES, FL 34117</b>		7. Name and Address of New Registered Agent Name <b>EDDIE LAGACE</b> Street Address (P.O. Box Number is Not Acceptable) <b>2720 24th AVE SE</b> City <b>NAPLES</b> <b>FL</b> Zip Code <b>34117</b>	
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 <u><i>Eddie Lague</i></u> <u><i>Eddie Lague</i></u> <u>4/23/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete <b>LAGACE, GERARD 1810 19TH ST, SW NAPLES, FL 34117</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>EDDIE LAGACE 2720 24th AVE SE NAPLES, FL 34117</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>LAGACE, EDDIE 1810 19TH ST, SW NAPLES, FL 34117</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE:</b> <u><i>Eddie Lague</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4/23/07</u> <u>238537914</u> <small>Date Daytime Phone #</small>	