## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Feb 12, 2007 8:00 am DOCUMENT # P96000044208 **Secretary of State** 02-12-2007 90109 030 \*\*\*150.00 GEWECKE ENTERPRISES, INC. Principal Place of Business Mailing Address 12300 7TH ST. E TREASURE IS FL 33706 17608 LEE-AVE REDINGTON SHORES FL-33708 South Beach Condo Hotel Treasure Island, Fl 33706 11360 Gulf Blod Beach Condo Hotel 12300 74 St. E 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) 4. FEI Number Applied For 59-3386906 Treasure Dslaud, Fl Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GEWECKE, PETER Street Address (P.O. Box Number is Not Acceptable) 123007TH ST E TREASURE ISLAND FL 33706 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. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. THE Delete ☐ Change ■ Addition 11111 GEWECKE, PETER H NAME NAME 12300 7TH ST. E STREET ADDRESS STREET ADDRESS TREASURE IS, FL 33706 CHY-ST-ZIP CITY - ST - ZIP ☐ Delete THEF □ Change Addition GEWECKE, MONIKA C 12300 7TH ST. E STREET ADDRESS STREET ADDRESS TREASURE IS, FL 33706 CHY-SI-71P CITY-ST-7IP 0000 ☐ Delete HH Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY ST-ZIP Delete ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY ST-ZIP HHE Delete 11111 Change Addition NAME NAM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY S1-ZIP CITY - ST-ZIP

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Peter H. Gewedie 2/2/07 729-363-1230

ROB DIRICH DAILY DAILY

if changed, or on an attachment with an address, with all other like empowered.

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