

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

FILED
May 10, 2007 8:00 am
Secretary of State

05-10-2007 90030 046 ***150.00

DOCUMENT # P9600005895 6

1. Entity Name

GEE AND TEE, INC.



DO NOT WRITE IN THIS SPACE

40110405

2. Principal Place of Business

2120 Crawfordville Hwy

3. Mailing Address

2120 Crawfordville Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CR2E034B (8/05)

City & State

Crawfordville FL 32327

City & State

Crawfordville FL 32327

4. FEI Number

59-3393409

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

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**\$8.75 Additional
Fee Required**

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Jerome D. Robinson

Street Address (P.O. Box Number is Not Acceptable)

57 Luke Smith Rd

City

Crawfordville

FL

Zip Code

32327

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

Jerome D. Robinson, Vice Pres.

(NOTE: Registered Agent signature required when re-registering)

DATE

4/30/07

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D Robinson, Jerome
57 Luke Smith Rd
Crawfordville FL 32327

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D Robinson, Terri
57 Luke Smith Rd
Crawfordville FL 32327

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered

SIGNATURE:

Jerome D. Robinson Terri Robinson

4/30/07 (850) 926-8886

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #