

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000091690**

1. Entity Name  
**GEBO CORPORATION USA**



Principal Place of Business  
**6015 31ST ST. E.  
BRADENTON, FL 34203**

Mailing Address  
**6015 31ST ST. E.  
BRADENTON, FL 34203**



03012004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **65-0709798** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**WALTERS, LEVINE, BROWN, KLINGENSMITH  
NORTH TRUST PLAZA, SUITE 900  
1515 RINGLING BLVD  
SARASOTA, FL 34236**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**000000154697  
05/05/04-80007-015 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE **D**  
NAME **LESPOUX, THIERRY**  
STREET ADDRESS **1045 AUTOROUTE CHOMEDEY**  
CITY-ST-ZIP **LAVAL QUEBEC CANADA H7W 4V3,**

TITLE **P**  
NAME **AURY, MARC**  
STREET ADDRESS **617 LOTUS LANE**  
CITY-ST-ZIP **SARASOTA, FL 34242**

TITLE **GMGR**  
NAME **FITSCH-MOURAS, CHRISTIAN**  
STREET ADDRESS **4037 SOUTHERN MANOR CT**  
CITY-ST-ZIP **SARASOTA, FL 34233**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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)(f), 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:**

*Christian Fitsch-Mouras*  
**CHRISTIAN FITSCH-MOURAS**

**4/26/2004**  
Date Daytime Phone #