

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000091690

1. Entity Name  
GEBO CORPORATION USA



FILED

08 JUL 22 AM 11:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
5600 SUN COURT  
NORCROSS, GA 30092

Mailing Address  
5600 SUN COURT  
NORCROSS, GA 30092



07082008 No Chg-P CR2E034 (11/05)

**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**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**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

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  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME SCHROEDER, DAVE  
STREET ADDRESS 5600 SUN COURT  
CITY-ST-ZIP NORCROSS, GA 30092

TITLE P  
NAME SCHROEDER, DAVE  
STREET ADDRESS 5600 SUN COURT  
CITY-ST-ZIP NORCROSS, GA 30092

TITLE S  
NAME LEE, K.C.  
STREET ADDRESS 5600 SUN COURT  
CITY-ST-ZIP NORCROSS, GA 30092

TITLE T  
NAME WIDEMAN, ANGELA  
STREET ADDRESS 5600 SUN COURT  
CITY-ST-ZIP NORCROSS, GA 30092

TITLE AS  
NAME HENDERSON, JOE  
STREET ADDRESS 5600 SUN COURT  
CITY-ST-ZIP NORCROSS, GA 30092

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000133811570  
07/31/08--01015--008 \*\*150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

*Angela Wideman* ANGELA WIDEMAN

7/8/08

678-221-3102

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #