

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000070787

FILED
Mar 13, 2009
Secretary of State

Entity Name: GEMBECKI ENTERPRISES, INC.

Current Principal Place of Business:

1311 SEMINOLA BLVD.
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 180215
CASSELBERRY, FL 32718

New Mailing Address:

FEI Number: 59-3463567

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ICARDI, JEFFREY
2180 W. STATE ROAD 434
SUITE 6190
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

ICARDI, JEFFREY
549 WYMORE RD, NORTH, SUITE 109
MAITLAND, FL 32751 US

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.

SIGNATURE: JEFFREY A. ICARDI

03/13/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: GEMBECKI, MARK
Address: 1614 AUGUSTA WAY
City-St-Zip: CASSELBERRY, FL 32707

Title: P () Delete
Name: GEMBECKI, BARBARA
Address: 1614 AUGUSTA WAY
City-St-Zip: CASSELBERRY, FL 32707

Title: MGR () Delete
Name: SMITH, RICHARD L
Address: 242 TWELVE LEAGUE CIRCLE
City-St-Zip: CASSELBERRY, FL 32707

Title: SEC () Delete
Name: GEMBECKI, BARBARA
Address: 1614 AUGUSTA WAY
City-St-Zip: CASSELBERRY, FL 32707

Title: T () Delete
Name: GEMBECKI, MARK
Address: 1614 AUGUSTA WAY
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK GEMBECKI

VP

03/13/2009

Electronic Signature of Signing Officer or Director

Date