

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90557 044 ***158.75

DOCUMENT # P98000058716

1. Entity Name
GEOTELESYS, INC.



Principal Place of Business

605 E. ROBINSON STREET
~~SUITE 450~~ *Suite 210*
ORLANDO, FL 32801

Mailing Address

605 E. ROBINSON STREET
~~SUITE 450~~ *Suite 210*
ORLANDO, FL 32801



02042004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3516524

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HOLLIS, MARY E
605 E. ROBINSON STREET
~~SUITE 450~~ *Suite 210*
ORLANDO, FL 32801

**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

Mary Ellen Hollis *Mary Ellen Hollis*

4/22/04

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
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME HOLLIS, PHILLIP C
STREET ADDRESS 1164 OVERBROOK DRIVE
CITY-ST-ZIP ORLANDO, FL 32804

TITLE VP
NAME HOLLIS, MARY ELLEN
STREET ADDRESS 1164 OVERBROOK DRIVE
CITY-ST-ZIP ORLANDO, FL 32804

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mary Ellen Hollis *Mary Ellen Hollis*

4/22/04

407-422-1118

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #