2007 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P98000104321 02-05-2007 90121 031 ***150.00 GEARTZ CONSTRUCTION CO. Principal Place of Business RUULADIU Mailing Address 5610 33RD STREET EAST 5610 33RD STREET EAST BRADENTON, FL 34203 BRADENTON, FL 34203 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01242007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-0889294 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GEARTZ, KENT W Street Address (P.O. Box Number is Not Acceptable) 5610 33RD STREET EAST BRADENTON, FL 34203 City Zip Code 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE D Change Delete TITLE GEARTZ, KENT W NAME NAME STREET ADDRESS 5610 33RD STREET EAST STREET ADDRESS BRADENTON, FL 34203 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME GEARTZ, KATHIE J NAME 5610 33RD STREET EAST STREET ADDRESS STREET ADDRESS BRADENTON, FL 34203 CITY-ST-ZIP CITY-ST-ZIP

CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 truetee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attachment with an address, with all other like empowered.

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

SIGNATURE!

NAME

TITLE

NAME

TITLE NAME

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP TITLE

CITY-ST-ZIP

CITY-ST-ZIP

ID TYPED OR PRINTED NAME OF SIGN OFFICER OR DIRECTOR

☐ Delete

☐ Delete

☐ Delete

Delete

☐ Change

Change

☐ Change

Change

■ Addition

Addition

☐ Addition

Addition

FILED Feb 05, 2007 8:00 am