

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2005 8:00 am
Secretary of State

05-26-2005 90027 023 ***150.00

DOCUMENT # P99000021922

1. Entity Name
GET ENTERPRISES, INC.



Principal Place of Business
577 DELTONA BLVD, STE. 11
DELTONA, FL 32725

Mailing Address
577 DELTONA BLVD, STE. 11
DELTONA, FL 32725

2. Principal Place of Business

735 E Kicklighter
Suite, Apt. #, etc.

3. Mailing Address

735 E Kicklighter
Suite, Apt. #, etc.



05162005 Chg-P CR2E034 (10/03)

City & State
Lake Helen, FL

City & State
Lake Helen, FL

4. FEI Number
59-3560592

Applied For
Not Applicable

Zip 32744 Country USA

Zip 32744 Country USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TULEYA, GARY E
577 DELTONA BLVD, STE. 11
DELTONA, FL 32725

Name

Street Address (P.O. Box Number is Not Acceptable)

735 E. Kicklighter

City Lake Helen FL

Zip Code 32744

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 7, 2005

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 ☐ Delete
NAME TULEYA, GARY E
STREET ADDRESS 735 E. KICKLIGHTER RD.
CITY-ST-ZIP LAKE HELEN, FL 32744

TITLE VP ☐ Delete
NAME PETERSON, CARLA
STREET ADDRESS 5770 DELTONA BLVD #11
CITY-ST-ZIP DELTONA, FL 32725

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 735 E Kicklighter
CITY-ST-ZIP Lake Helen, FL 32744

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-20-05