


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90204 010 \*\*\*150.00

DOCUMENT # P99000021922		
1. Entity Name GET ENTERPRISES, INC.		

2. Principal Place of Business 735 E. KICKLIGHTER LAKE HELEN, FL 32744	3. Mailing Address 735 E. KICKLIGHTER LAKE HELEN, FL 32744
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	Suite, Apt. #, etc.

City & State	City & State
Zip	Country
Zip	Country



02262007 Chg-P CR2E034 (12/06)

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TULEYA, GARY E 735 E. KICKLIGHTER LAKE HELEN, FL 32744	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.

NOTE: Registered Agent signature required when re-instating.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D TULEYA, GARY E 735 E. KICKLIGHTER RD. LAKE HELEN, FL 32744	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	VP PETERSON, CARLA 735 E. KICKLIGHTER LAKE HELEN, FL 32744	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

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 supplied in this report for 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, and that I am duly empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11.

**SIGNATURE:** Gary E. Tuleya 4-18-07 386-228-3342  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date