## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 10, 2007 08:00 AM DOCUMENT # P990000531.86 **Secretary of State** GERETY'S USED CARS, INC. Principal Place of Business Mailing Address 4410 ROSSMORE DRIVE 4410 ROSSMORE DRIVE ORLANDO, FL 32810 ORLANDO, FL 32810 No Chg-P CR2E034 (11/05) 01052007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3583487 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent GERETY, MAUREEN DO NOT WRITE 4410 ROSSMORE DRIVE IN THIS SPACE ORLANDO, FL 32810 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. U00000581642 <del>01/10/07-00035<sub>6</sub>025-150.00</del> SIGNATURE (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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 10. TITLE GERETY, ROBERT F STREET ADDRESS 4410 ROSSMORE DR. ORLANDO, FL 32810 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 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:

NAME STREET ADDRESS CITY'S STATE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

15/07

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