2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 13, 2007 08:00 AM Secretary of State **DOCUMENT # P99000094636** 1. Entity Name GEOFCO HOLDINGS, INC. Principal Place of Business Mailing Address 1368 HARBOR DR. 1368 HARBOR DR. SARASOTA, FL 34239 SARASOTA, FL 34239 04112007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0957589 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent EDGECOMBE, MICHAEL G DO NOT WRITE 1368 HARBOR DR. SARASOTA, FL 34239 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_______Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees -- After May 1, 2007 Fee will be \$550.00 10." **** *** OFFICERS AND DIRECTORS TITLE NAME EDGECOMBE, MICHAEL G 1368 HARBOR DR. STREET ADDRESS CITY-ST-ZIP SARASOTA, FL. 34239 TITLE U00000704687 04/23/07-80021-005 150.00 EDGECOMBE, BARBARA A NAME STREET ADDRESS 1368 HARBOR DR. CITY-ST-ZIP SARASOTA, FL 34239 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TM F NAME

12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report in the and accurate and that my signature shall have the same legal effect as if made under ceth; that I am an officer or director of the corporation or the receiver or trusted 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 ampowered.

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE

CHATTURE AND TYPED OR PRINTED NAME OF STORING OFFICER OR DIRECTOR

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