## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 11, 2008 08:00 All Secretary of State DOCUMENT # \$41526 GECK CONSTRUCTION INC. Principal Place of Business Mailing Address 136 GALIANO ST 136 GALIANO ST **ROYAL PALM BEACH FL 33411** ROYAL PALM BEACH FL 33411 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) 4. FE! Number City & State City & State Applied For 65-0247609 Not Applicable Zιρ Country Zφ Country \$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 Name GECK, BILLY Street Address (P.O. Box Number is Not Acceptable) 136 GALIANO ST **ROYAL PALM BEACH FL 33411** City Zin 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 Synature Typical or prished heavier of regulatived askert and the Tricip cache. SLOFE: Redistered Apert a greature requires when reinstatings DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Change Delete TITLE ☐ Addition NAME BILLY GECK NAME STREET ADDRESS 136 GALIANO ST. STREET ADDRESS W. PALM BCH. FL CITY-ST-ZIP CITY-ST-ZIP TITLE Dalete TITLE Change Addition NAME NAME U00000891022 04/23/08-80007-021 150.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FITLE Addition Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIZ CITY - ST - 7IP IFILE Delete TITLE ☐ Change Addition HAM: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE ☐ Defete Addition TITLE Change NAME NAME STREET ACCRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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.

**FILED**