

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S97638

FILED  
Apr 27, 2007  
Secretary of State

Entity Name: GECKO CUSTOM LAB AND PHOTOGRAPHY, INC.

## Current Principal Place of Business:

11751 SO CLEVELAND AVENUE  
# 25  
FORT MYERS, FL 33907 US

## New Principal Place of Business:

4531 DE LEON STREET  
# 204  
FORT MYERS, FL 33907 US

## Current Mailing Address:

11751 SO CLEVELAND AVENUE  
# 25  
FORT MYERS, FL 33907 US

## New Mailing Address:

4531 DE LEON STREET  
# 204  
FORT MYERS, FL 33907 US

FEI Number: 65-0298034

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STEGMANN, ROB  
17564 BRENTWOOD CT  
FORT MYERS, FL 33912 US

## Name and Address of New Registered Agent:

STEGMANN, ROB  
17564 BRENTWOOD CT  
FORT MYERS, FL 33967 US

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.

SIGNATURE: \_\_\_\_\_

04/27/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: STEGMANN, ROB,  
Address: 11751 SO CLEVELAND # 25  
City-St-Zip: FORT MYERS, FL 33907

Title: VP ( ) Delete  
Name: STEGMANN, MARCY,  
Address: 1908 SECLUSION DRIVE  
City-St-Zip: DAYTONA BEACH, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: STEGMANN, ROB,  
Address: 4531 DE LEON STREET #204  
City-St-Zip: FORT MYERS, FL 33907

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROB STEGMANN

P

04/27/2007

Electronic Signature of Signing Officer or Director

Date