

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S97638

FILED
Jun 23, 2008
Secretary of State

Entity Name: GECKO CUSTOM LAB AND PHOTOGRAPHY, INC.

Current Principal Place of Business:

4531 DE LEON STREET
204
FORT MYERS, FL 33907 US

New Principal Place of Business:

Current Mailing Address:

4531 DE LEON STREET
204
FORT MYERS, FL 33907 US

New Mailing Address:

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 33967 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STEGMANN, ROB,
Address: 4531 DE LEON STREET #204
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: () Change () Addition
Name:
Address:
City-St-Zip:

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

06/23/2008

Electronic Signature of Signing Officer or Director

_____ Date