

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # V60400

1. Entity Name
GEEWALL FLORIDA, INC.



Principal Place of Business

103 NORTH RIDGEWOOD AVE
EDGEWATER, FL 32132 US

Mailing Address

103 NORTH RIDGEWOOD AVE
EDGEWATER, FL 32132 US



03212005 No Chg-P CR2E034 (10/03)

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4. FEI Number
59-3141170

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COOKE, WALTER C.
2016 MANGO TREE DRIVE
EDGEWATER, FL 32141

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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)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	COOKE, WALTER C.
STREET ADDRESS	2016 MANGO TREE DRIVE
CITY - ST - ZIP	EDGEWATER, FL 32141
TITLE	V
NAME	COOKE, SHARON
STREET ADDRESS	2016 MANGO TREE DRIVE
CITY - ST - ZIP	EDGEWATER, FL 32141
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/13/05-80045-013 150.00

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Walter Cooke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/11/05

386-428-9864

Date

Daytime Phone #