
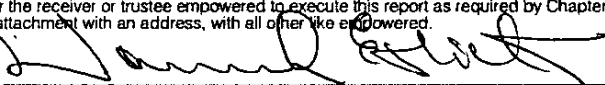


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2006 8:00 am
Secretary of State

07-11-2006 90023 032 ***150.00

DOCUMENT # V72831			
1. Entity Name GENERAL CORDAGE, INC.			
Principal Place of Business 8265 CAUSEWAY BLVD SUITE C TAMPA, FL 33619 US		Mailing Address 8265 CAUSEWAY BLVD SUITE C TAMPA, FL 33619 US	
2. Principal Place of Business 2611 S. 82nd STREET Suite, Apt. #, etc. —		3. Mailing Address 2611 S. 82nd STREET Suite, Apt. #, etc. —	
City & State TAMPA, FLORIDA		City & State TAMPA, FLORIDA	
Zip 33619	Country HILLSBOROUGH	Zip 33619	Country HILLSBOROUGH
6. Name and Address of Current Registered Agent ESLICK, WALLACE L. 8265 CAUSEWAY BLVD SUITE C TAMPA, FL 33619		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2611 S. 82nd STREET City TAMPA FL Zip Code 33619	
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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME ESLICK, WALLACE L STREET ADDRESS 8265 CAUSEWAY BLVD, SUITE C CITY-ST-ZIP TAMPA, FL 33619	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 2611 S. 82nd ST. CITY-ST-ZIP TAMPA, FL. 33619	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ST NAME ESLICK, RITA G STREET ADDRESS P.O. BOX 3722 CITY-ST-ZIP BRANDON, FL 33509	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS PO BOX 89265 CITY-ST-ZIP TAMPA, FL. 33689	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 entries.			
SIGNATURE: 		PRESIDENT 07 July 06 813-620-1186	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



07052006 Chg-P CR2E034 (11/05)

4. FEI Number 62-1511205 Applied For Not Applicable

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