


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 07, 2007 08:00 AM
Secretary of State

DOCUMENT # F06000000031
1. Entity Name
F.C. GERLACH CO., INC.



Principal Place of Business Mailing Address
290 CENTRAL AVENUE 290 CENTRAL AVENUE
SUITE 105 SUITE 105
LAWRENCE, NY 11559 LAWRENCE, NY 11559



07312007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
13-1949258 Not Applicable

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

6. Name and Address of Current Registered Agent

SOMERVILLE, ROBERT
3250 N.E. 28TH STREET
UNIT 410
FORT LAUDERDALE, FL 33308

**DO NOT WRITE
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution. Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

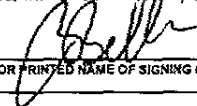
10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	BELLOVE, ROBERT
STREET ADDRESS	7 SORREL HILL LANE
CITY - ST - ZIP	HAUPPAUGE, NY 11788
TITLE	VSD
NAME	SOMMERMILLE, ROBERT
STREET ADDRESS	3250 N.W. 28TH STREET SUITE 410
CITY - ST - ZIP	FT. LAUDERDALE, FL 33308
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
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CITY - ST - ZIP	
TITLE	
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08/07/07-80008-007 150.00

**DO NOT WRITE
IN THIS SPACE**

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 empowered.

SIGNATURE:  7/31/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #