


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 22, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000154463

1. Entity Name  
GEASON INC



Principal Place of Business 3791 58TH AVE N STE 1 ST PETERSBURG, FL 33714 US	Mailing Address 3791 58TH AVE N STE 1 ST PETERSBURG, FL 33714 US
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**DO NOT WRITE IN THIS SPACE**



02202007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0492350	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GEASON, TIMOTHY J  
3791 58TH AVE N  
STE 1  
ST PETERSBURG, FL 33714

**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  
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GEASON, TIMOTHY J 3791 58TH AVE N STE 1 ST PETERSBURG, FL 33714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GEASON, ROBIN P 3791 58TH AVE N STE 1 ST PETERSBURG, FL 33714
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03/02/07-80014-019 158.75

**DO NOT WRITE  
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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: *[Signature]* 2-20-07 570-9206  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*CRK 927-432-3927*