


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-26-2004 90005 005 ***150.00

DOCUMENT # 224636
 1. Entity Name
GEISINGER REALTY, INC.



Principal Place of Business Mailing Address
 2363 S.E. OCEAN BLVD. 2363 S.E. OCEAN BLVD.
 STUART, FL 34996 STUART, FL 34996

34064896



2. Principal Place of Business 3. Mailing Address
1648 SE SAILFISH POINT BLVD. *1648 SE SAILFISH POINT BLVD.*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

07202004 Chg-P CR2E034 (10/03)

City & State City & State
STUART FL *STUART FL*
 Zip Country Zip Country
34996 USA *34996 USA*

4. FEI Number Applied For
59-6075109 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GEISINGER, RICHARD C JR
 2363 SE OCEAN BLVD
 STUART, FL 34996

7. Name and Address of New Registered Agent
 Name *RICHARD C. GEISINGER, JR.*
 Street Address (P.O. Box Number is Not Acceptable) *1648 SE SAILFISH POINT BLYD.*
 City *STUART* FL Zip Code *34996*

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 8, 2004

9. Election Campaign Financing Trust Fund Contribution. \$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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GEISINGER, RICHARD C.	
STREET ADDRESS	2363 SE OCEAN BLVD.	
CITY-ST-ZIP	STUART, FL	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	GEISINGER, RICHARD C. JR.	
STREET ADDRESS	2363 SE OCEAN BLVD.	
CITY-ST-ZIP	STUART, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<i>PRESIDENT</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>RICHARD C. GEISINGER, JR.</i>	
STREET ADDRESS	<i>1648 SE SAILFISH POINT BLVD.</i>	
CITY-ST-ZIP	<i>STUART, FL 34996</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Richard C. Geisinger, Jr.* **RICHARD C. GEISINGER, JR.** *7-20-04* *772-225-6200*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #