

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90114 020 ***150.00

DOCUMENT # 224636

1. Entity Name
GEISINGER REALTY, INC.



Principal Place of Business
**1648 SE SAILFISH POINT BLVD
STUART, FL 34996**

Mailing Address
**1648 SE SAILFISH POINT BLVD
STUART, FL 34996**

2. Principal Place of Business - No P.O. Box #

8 Castle Hill Way

3. Mailing Address

8 Castle Hill Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04272007

Chg-P

CR2E034 (12/06)

City & State

Stuart, FL

City & State

Stuart, FL

4. FEI Number

59-6075109

Applied For

Not Applicable

Zip

Country

34996

Zip

Country

34996

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GEISINGER, RICHARD C JR
1648 SE SAILFISH POINT BLVD
STUART, FL 34996**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 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 **P** ☐ Delete
NAME **GEISINGER, RICHARD C JR**
STREET ADDRESS **1648 SE SAILFISH POINT BLVD**
CITY-ST-ZIP **STUART, FL 34996**

TITLE **VSD** ☐ Delete
NAME **GEISINGER, RICHARD C JR.**
STREET ADDRESS **2363 SE OCEAN BLVD.**
CITY-ST-ZIP **STUART, FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Richard C. Geisinger Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/07

Date

772 885 6200

Daytime Phone #