2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 29, 2007 08:00 AM DOCUMENT # G47393 **Secretary of State** 1. Enlity Name GEITECH, INC. Principal Place of Business Mailing Address 2606 NW 170TH STREET NEWSBERRY FL 32669 **2606 NW 170TH STREET** NEWBERRY FL 32669 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-2306685 Not Applicable Zìp Zio Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GEIGER, DONALD STACY Street Address (P.O. Box Number is Not Acceptable) 2606 NW 170TH STREET **NEWBERRY FL 32669** Zip Code FL 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. Seminare, typica or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May E After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11111 Delete 11115 ☐ Change April A GEIGER, DONALD STACY NAME NAME U00000607407 D1/31/07-80034-017 150.00 2606 NW 170TH ST STREET ADDRESS SHILL LADDRESS NEWBERRY FL 32669 CHTY ST ZIP CHY SE /IP m Delete 13114 Change ■ Addition NAM NAM STREET ADDINESS SIREF LADDRESS CITY ST 7P CHY S1-ZIP 11114 ☐ Delete ☐ Change ☐ Addi# MARIE NAM SHELLI ADDRESS SIRELL ADDRESS CHY SI ZIP CITY ST /IP Mil Delete ☐ Change Addition HHI NAM NAM STREET ADDRESS SHELLADORESS CITY ST ZIP CITY SEZIE 11711 Delete HAT ☐ Change Adding NAM MAM STRUCT ADDRESS SIBLL LADDRESS CITY-ST-78P CITY SI-7IP IIIIE Delote IIIIE ☐ Change Aniiii NAME MAMI STREET ADDRESS SHREET ADDRESS CHY SI JIP CHY SI ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 direction of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 1

DON S. GEIGER 1-25-07 352/472-50:

an address, with all other like empowered.

D NAME OF SIGNING OFFICER OR DIRE

if changed, or on an attachment-

SIGNATURE:

FILED