

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # L58034 1. Entity Name GEOSAN ENTERPRISES, INC.	
--	---

Principal Place of Business 12520 4TH STREET EAST TREASURE ISLAND, FL 33706	Mailing Address 12520 4TH STREET EAST TREASURE ISLAND, FL 33706
---	---

DO NOT WRITE IN THIS SPACE



03152004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3009501	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FIBER SR, GEORGE W. 12520 4TH STREET EAST TREASURE ISLAND, FL 33706	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 _____ Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reconstituting)	DATE _____
--	---	------------

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
PTD FIBER, GEORGE W SR 12520 4TH STREET TREASURE ISLAND, FL	
VSD FIBER, SANDRA K 12520 4TH STREET TREASURE ISLAND, FL	
NAME STREET ADDRESS CITY- ST- ZIP	
NAME STREET ADDRESS CITY- ST- ZIP	
NAME STREET ADDRESS CITY- ST- ZIP	
NAME STREET ADDRESS CITY- ST- ZIP	
NAME STREET ADDRESS CITY- ST- ZIP	

000000126965
04/23/04-80056-002 150.00

DO NOT WRITE IN THIS SPACE

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: <u>George Fiber</u> GEORGE FIBER SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	04/23/04 Date	727-360-8556 Customer Phone #
---	---------------------------------	---