


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # L91835 1. Entity Name GEIGER ENTERPRISES, INC.	
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Principal Place of Business 16740 SW 301ST ST HOMESTEAD, FL 33030 US	Mailing Address PO BOX 901390 HOMESTEAD, FL 33090 US
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01212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0226806	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GEIGER, WILLIAM B. 16740 SW 301 ST HOMESTEAD, FL 33030

**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 reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GEIGER, WILLIAM B 17201 SW 290 STREET HOMESTEAD, FL 33031
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST GEIGER, GINA L 17201 SW 290 STREET HOMESTEAD, FL 33031
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MURPHY, MICHAEL P 16740 SW 301ST ST HOMESTEAD, FL 33030
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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03/17/08-80004-011 150.00

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-08 305-246-5448
Date Daytime Phone #