## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# L91835

Entity Name: GEIGER ENTERPRISES, INC.

FILED Mar 19, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

201 NE 1ST RD.

HOMESTEAD, FL 33030 US

Current Mailing Address: New Mailing Address:

PO BOX 901390

HOMESTEAD, FL 33090 US

FEI Number: 65-0226806 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GEIGER, WILLIAM B. GEIGER, WILLIAM B. 16740 SW 301 ST 201 NE 1ST ROAD

HOMESTEAD, FL 33030 US HOMESTEAD, FL 33030 US

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.

SIGNATURE: 03/19/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition

 Name:
 GEIGER, WILLIAM B
 Name:
 GEIGER, WILLIAM B

 Address:
 17201 SW 290 STREET
 Address:
 201 NE !ST ROAD

 City-St-Zip:
 HOMESTEAD, FL 33031
 City-St-Zip:
 HOMESTEAD, FL 33031

Title: ST () Delete Title: ST (X) Change () Addition

 Name:
 GEIGER, GINA L
 Name:
 GEIGER, GINA L

 Address:
 17201 SW 290 STREET
 Address:
 201 NE 1ST ROAD

 City-St-Zip:
 HOMESTEAD, FL 33031
 City-St-Zip:
 HOMESTEAD, FL 33031

Title: V ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 MURPHY, MICHAEL P
 Name:

 Address:
 16740 SW 301ST ST
 Address:

 City-St-Zip:
 HOMESTEAD, FL 33030
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM B. GEIGER PRES 03/19/2009