2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 23, 2006 8:00 am Secretary of State

DOCUMENT # P0000084745 1. Entity Name GEEZERS PARACHUTE, INC.					Secretary of State 01-23-2006 90054 020 ***150.00					
Principal Plac 1908 76TH : BRADENTON	ST. N.W.	Mailing Address 1908 76TH ST. N.W. BRADENTON, FL 34209)	:						
301	lace of Business	3. Mailing Address 10407 King FS HERB		Bu						
Suite, Apt.		Suite, Apt. #, etc.	····		01062006	Chg-P	CR2E034			
	14 hours	City & State BRADIENTO		•	4. FEI Number 65-1062			No	plied For t Applicable	
^{Zip} 34	208 Country	Zip 34209	Country USA			f Status Desired	Fe Fe	8.75 Add se Required		
	5. Name and Address of Current R	Name	٠		Address of New F	Registered Ag	ent			
STUBBERS, DAVID L 1908 76TH ST. N.W.			Street A	Street Address (P.O. Box Number is Not Acceptable)						
BRADENTON, FL 34209				10407 KingfisHER RO. W.						
				SRADENTON FL 34209						
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 DAVID L STUBBERS POES: Water Signature, typed or printed name of registered agent and title of applicable. (NOTE: Registered Agent eignature required when reinstating) OATE										
FILE NOWIN FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.										
10.	OFFICERS AND DIRECTORS 1				ADDITIONS/C	HANGES TO OFF				
TITLE NAME	D PANSIERA, TIMOTHY T	☐ Delete	TITLE NAME	Per	SIERA,	TIMOTH	/ l	≟ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	1908 76TH ST. N.W. BRADENTON, FL 34209		STREET ADDRESS CITY-ST-ZIP	104	07 Kin	g Fis HR	ر 21که. د			
TITLE	D	☐ Delete	TITLE	D	AD2~170	V E		クラ TChange	☐ Addition	
NAME STREET ADORESS	STUBBERS, DAVID L 1908 76TH ST. N.W.		NAME STREET ADDRESS	572	BBERS	DAU.B	4	,	_	
CITY-ST-ZIP	BRADENTON, FL 34209				م.م الروطوح			209		
IITLE		☐ Delete	TITLE			100 -		_ Change	☐ Addition	
NAME STREET ADDRESS			NAME CTREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP							
TITLE		☐ Delete	TITLE			·····		Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP							
TITLE NAME		☐ Delete	TITLE					Change	☐ Addition	
STREET ADDRESS			NAME STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP							
TITLE NAME		☐ Delete	TITLE NAME	1			C	Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS						İ	
CITY-ST-ZIP			CITY-ST-ZIP	<u> </u>						
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: DAVID L. STUBBELS PORE 1-10-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DESCRIPTION DESCRIPTION OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR