## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 21, 2008 08:00 Al **DOCUMENT # P00000084745 Secretary of State** GEEZERS PARACHUTE, INC. Principal Place of Business Mailing Address 10407 KING FISHER BLVD 301 21 STE BRADENTON, FL 34208 BRADENTON, FL 34209 No Cha-P CR2E034 (11/05) 02172008 Applied For 4. FEI Number 65-1062071 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE STUBBERS, DAVID L 10407 KINGFISHER RD, W BRADENTON, FL 34209 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 remetating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE PANSIERA, TIMOTHY T NAME STREET ADDRESS 10407 KING FISHER RD W CITY-ST-ZIP BRADENTON, FL 34209 TITLE STUBBERS, DAVID L NAME STREET ADDRESS 10407 KINGFISHER RD W CITY-ST-ZIP BRADENTON, FL 34209 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 chapter does not appear with an address, which site empowered.

SIGNATURE DAVID L

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-08

941-747-5784

FILED