2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000013297

Entity Name: GEER SERVICES, INC.

FILED Apr 18, 2005 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
| | |

6036 PARK STREET 301 WEST BAY STREET JACKSONVILLE, FL 32205

460

JACKSONVILLE, FL 32202

Current Mailing Address: New Mailing Address:

6036 PARK STREET PO BOX 18334

JACKSONVILLE, FL 32205 JACKSONVILLE, FL 32229

FEI Number: 04-3746611 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

GEER, WILLIAM P GEER, WILLIAM P 6036 PARK STREET 301 WEST BAY STREET

JACKSONVILLE, FL 32205 US 460 JACKSONVILLE, FL 32202 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: WILLIAM P. GEER 04/18/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

GEER, WILLIAM P GEER, WILLIAM P Name: Name:

6036 PARK STREET 301 WEST BAY STREET, SUITE 460 Address: Address:

City-St-Zip: JACKSONVILLE, FL 32205 City-St-Zip: JACKSONVILLE, FL 32202

Title: V/D Title: VPD (X) Change () Addition () Delete

GEER, RICHARD N Name: Name: GEER, RICHARD N

6036 PARK STREET 301 WEST BAY STREET, SUITE 460 Address: Address: City-St-Zip:

JACKSONVILLE, FL 32205 JACKSONVILLE, FL 32202 City-St-Zip:

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

Name: WRIGHT, REBECCA O Name:

301 WEST BAY STREET, SUITE 460 Address: Address:

City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32202

I hereby certify that the information supplied with this filing does not qualify for the 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 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 P. GEER PD 04/18/2005