2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# P03000013297

Entity Name: GEER SERVICES, INC.

Current Principal Place of Business:

301 WEST BAY STREET
460
JACKSONVILLE, FL 322025184

New Principal Place of Business:

301 WEST BAY STREET
460
JACKSONVILLE, FL 322025184 US

Current Mailing Address:

PO BOX 18334
JACKSONVILLE, FL 322290334

New Mailing Address:

PO BOX 18334
JACKSONVILLE, FL 322290334 US

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

Name and Address of Current Registered Agent:

GEER, WILLIAM P
301 WEST BAY STREET
460
JACKSONVILLE, FL 322025184 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GEER, WILLIAM P
Address: 301 WEST BAY STREET, SUITE 460
City-St-Zip: JACKSONVILLE, FL 322025184

Title: VPD ( ) Delete
Name: GEER, RICHARD N
Address: 301 WEST BAY STREET, SUITE 460
City-St-Zip: JACKSONVILLE, FL 322025184

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: GEER, WILLIAM P
Address: 301 WEST BAY STREET, SUITE 460
City-St-Zip: JACKSONVILLE, FL 322025184 US

Title: VPD (X) Change ( ) Addition
Name: GEER, RICHARD N
Address: 301 WEST BAY STREET, SUITE 460
City-St-Zip: JACKSONVILLE, FL 322025184 US

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 P. GEER PD 04/15/2009

Electronic Signature of Signing Officer or Director — Date