2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000015576

1. Entity Name

GEER ENTERPRISES, INC.



FILED Apr 13, 2007 08:00 A Secretary of State

Principal Place of Business

249 ARGONAUT ROAD ST. AUGUSTINE, FL 32086 Mailing Address

249 ARGONAUT ROAD St. Augustine, FL 32086



DO NOT WRITE IN THIS SPACE

 04102007
 No Chg-P
 CR2E034 (11/05)

 4. FEI Number 33-1044012
 Applied For Not Applicable

 5. Certificate of Status Desired
 \$8.75 Additional

5. Certificate of Status Desired

See Required

6. Name and Address of Current Registered Agent

GEER, MARGO 249 ARGONAUT ROAD ST. AUGUSTINE, FL 32086

DO NOT WRITE IN THIS SPACE

ST. AUGUSTINE, FL 32000				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 reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
10.	OFFICERS AND DIREC	CTORS				
TITLE	Р					
NAME	GEER, MARGO					
STREET ADDRESS	249 ARGONAUT ROAD					
CITY-ST-ZIP	ST. AUGUSTINE, FL 32086					
TITLE					<u>U00000703926</u>	
NAME					04/20/07-80158-024 150.00	
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NAME						
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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:

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

1000 904-669-7

Daytime Phone #