

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90062 033 ***150.00

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1. Entity Name
GEIGER FRAMING INC.



Principal Place of Business
**8290 NW 141 ST
TRENTON, FL 32693**

Mailing Address
**8290 NW 141 ST
TRENTON, FL 32693**

00009849



01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
77-0616694

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GEIGER, ROBERT H
8290 NW-141 ST
TRENTON, FL 32693**

**DO NOT WRITE
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 **Robert H Geiger PD** **1-29-05**
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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP.
NAME	GEIGER, ROBERT H
STREET ADDRESS	8290 NW 141 ST
CITY-ST-ZIP	TRENTON, FL 32693
TITLE	officer D
NAME	John Chambers
STREET ADDRESS	8350 NW 141 St.
CITY-ST-ZIP	Trenton, FL 32693
TITLE	D
NAME	Donald Schneider
STREET ADDRESS	618 NE 298 Av.
CITY-ST-ZIP	Old Town, FL 32690
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: **Robert H Geiger PD** **1-29-05** **490-9431**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #