

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

9/6/2006-90035-039-\$550.00-\$550.00

**DOCUMENT # P03000143190**

1. Entity Name  
**GIER INVESTMENT PROPERTIES, INC.**



Principal Place of Business  
**708 LAKE AGNES DRIVE  
POLK CITY, FL 33868**

Mailing Address  
**708 LAKE AGNES DRIVE  
POLK CITY, FL 33868**

**FILED**  
**06 SEP 22 AM 11:40**  
RECEIVED  
STATE OF FLORIDA



07042006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**41-2121507**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GIER, FLOYD A  
708 LAKE AGNES DRIVE  
POLK CITY, FL 33868**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!! FEE IS \$550.00  
Due by September 8, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	GIER, FLOYD A
STREET ADDRESS	708 LAKE AGNES DRIVE
CITY- ST- ZIP	POLK CITY, FL 33868
TITLE	VP
NAME	GIER, ARTHUR G
STREET ADDRESS	5821 WOODHAVEN DRIVE
CITY- ST- ZIP	LAKELAND, FL 33811
TITLE	ST
NAME	GIER, PAUL E
STREET ADDRESS	6518 LUNN ROAD
CITY- ST- ZIP	LAKELAND, FL 33811
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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**9-28-06**