2006 FOR PROFIT CORPORATION

Apr 17, 2006 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # P04000059615 1. Entity Name GEYER INVESTMENTS, INC. Principal Place of Business Mailing Address 307 NORTH PARK VIEW DRIVE 307 NORTH PARK VIEW DRIVE JACKSONVILLE, FL 32259 IACKSONVILLE, FL 32259 Accordance of the Conference o 03282006 No Chg-P CR2E034 (11/05) Applied For 4. FEI Number 20-0965933 Not Applicable \$8.75 Additional a series and a series are a series and a ser 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 1. T. S. DO NOT WRITE CONNER, STEVEN W 1106 PARK AVENUE ORANGE PARK, FL 32073 IN THIS SPACE THE ASSESSMENT OF THE 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) UNDUBUS 14 IS4 9. Election Campaign Financing \$5.00 May Be 04/29/06-80162-003 150.00 FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE GEYER, THOMAS W NAME 307 NORTH PARK VIEW DRIVE STREET ADDRESS CITY-S7-ZIP JACKSONVILLE, FL 32259 TITLE NAME GEYER, THOMAS W 307 NORTH PARK VIEW DRIVE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32259 717LE GEYER, THOMAS W NAME 307 NORTH PARK VIEW DRIVE STREET ADDRESS DO NOT WRITE JACKSONVILLE, FL 32259 CTTY-\$T-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CHTY-ST-ZIP TITLE NAME STREET ADDRESS

12. It 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 507, 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.

CITY-ST-ZIP TITLE NAME STREET ADDRESS C)7Y-ST-27P

FILED