

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90024 020 ***150.00

DOCUMENT # P05000048174

1. Entity Name

G AND C LOGGING INC.



Principal Place of Business

28714 YELLOW ROSE LN
HILLIARD FL 32046

Mailing Address

P.O. BOX 1049
HILLIARD FL 32046



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/07)

4. FEI Number

27-0120920

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GEIGER, ZENOUS RICHARD JR.
28714 YELLOW ROSE LN.
HILLIARD FL 32046

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 of typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	☐ Delete
NAME	GEIGER, ZENOUS RICHARD JR.	
STREET ADDRESS	28714 YELLOW ROSE LN.	
CITY-ST-ZIP	HILLIARD FL 32046	
TITLE	DVP	☐ Delete
NAME	CONNER, MICHAEL RAY	
STREET ADDRESS	3756 OGILVIE RD.	
CITY-ST-ZIP	CALLAHAN FL 32011	
TITLE	S	☒ Delete
NAME	GEIGER, KARYN N.	
STREET ADDRESS	28714 YELLOW ROSE LN.	
CITY-ST-ZIP	HILLIARD FL 32046	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

James R. Nigro Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0115

1-2508

904-845-7534

Date

Daytime Phone #