


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90370 038 \*\*\*150.00

**DOCUMENT # P09748**  
 1. Entity Name  
**GEIGER BROS., INC.**



Principal Place of Business      Mailing Address  
**MT. HOPE AVENUE**      **P.O. BOX 1609**  
**LEWISTON, ME 04241**      **LEWISTON, ME 04241**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**  
**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION, FL 33324**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GEIGER, EUGENE G. 8 WEDGWOOD RD. AUBURN, ME
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D GEIGER, PETER E 16 BRENTWOOD AVE LEWISTON, ME 04240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDCF BLAISDELL, ROBERT MT HOPE AVE LEWISTON, FL 04241
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD GIARD, RONAL MT. HOPE AVE LEWISTON, ME 04240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPS LANTZ, JO-AN MT. HOPE AVE LEWISTON, ME 04240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIMING, GEORGE MT. HOPE AVE. LEWISTON, ME 04240

**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:** \_\_\_\_\_ **4/25/06** **207-755-2499**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #