


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P09748 1. Entity Name GEIGER BROS., INC.	
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Principal Place of Business MT. HOPE AVENUE LEWISTON, ME 04241	Mailing Address P.O. BOX 1609 LEWISTON, ME 04241
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DO NOT WRITE IN THIS SPACE



04262007 No Chg-P CR2E034 (11/05)

4. FEI Number 01-0233894	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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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	V/DCF 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

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05/16/07-80007-010 150.00

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: Robert J. Blaisdell 4/26/07 207-755-2499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #