

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90004 001 ***150.00

DOCUMENT # P94000035147

1. Entity Name

GEISSEL & ASSOCIATES, INC.



Principal Place of Business

190 SILVERADO DRIVE
NAPLES FL 34119
US

Mailing Address

190 SILVERADO DRIVE
NAPLES FL 34119
US

2. Principal Place of Business

282 PROMENADE CIR

Suite, Apt. #, etc.

3. Mailing Address

282 PROMENADE CIR

Suite, Apt. #, etc.

City & State

LAKE MARY, FL

Zip

32746

Country

SEMINOLE

City & State

LAKE MARY, FL

Zip

32746

Country

SEMINOLE

4. FEI Number

34-1245415

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GEISSEL, BOB D
190 SILVERADO DRIVE
NAPLES FL 34119

7. Name and Address of New Registered Agent

Name GEISSEL, Bob D.

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

282 PROMENADE CIR

City LAKE MARY

FL

Zip Code

32746

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 \$150.00

After May 1, 2004 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 D ☐ Delete
NAME GEISSEL, BOB D
STREET ADDRESS 190 SILVERADO DR.
CITY-ST-ZIP NAPLES FL 34119

TITLE D ☐ Delete
NAME GEISSEL, PATRICIA L
STREET ADDRESS 190 SILVERADO DR.
CITY-ST-ZIP NAPLES FL 34119

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
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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 exemption stated in Section 119.07(3)(i), 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 #