

Jan 20,  
Secr

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P95000004573

1. Entity Name

GEIGER, GEIGER & ASSOCIATES, INC.



Principal Place of Business

503 N. ORLANDO AVE.  
#206  
COCOA BEACH, FL 32931 US

Mailing Address

P.O. BOX 321354  
COCOA BEACH, FL 32932-1354

U00000392225  
01/24/06-80072-012 150.00



D1052006 No Chg-P CR2E034 (11/05)

4. FEI Number

59-3291882

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

GEIGER, WILLIAM  
503 N. ORLANDO AVE.  
#206  
COCOA BEACH, FL 32931

**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

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, 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

D

NAME

GEIGER, WILLIAM

STREET ADDRESS

32 CRYSTAL RIVER DR.

CITY - ST - ZIP

COCOA BEACH, FL 32931

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

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TITLE

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STREET ADDRESS

CITY - ST - ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/17/06