

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90013 047 ***150.00

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1. Entity Name
2361 CORPORATION



Principal Place of Business
1648 SE SAILFISH POINT BLVD
STUART, FL 34996 US

Mailing Address
1648 SE SAILFISH POINT BLVD
STUART, FL 34996 US

2. Principal Place of Business
8 CASTLE HILL WAY
Suite, Apt. #, etc.

3. Mailing Address
8 CASTLE HILL WAY
Suite, Apt. #, etc.

City & State
SEWALLS POINT FL 34996

City & State
SEWALLS POINT FL

4. FEI Number:
65-0785178

Applied For
Not Applicable

Zip Country
34996 USA

Zip Country
34996 USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GEISINGER, RICHARD C JR
1648 SE SAILFISH POINT BLVD
STUART, FL 34996

7. Name and Address of New Registered Agent

Name RICHARD C. GEISINGER JR.
Street Address (P.O. Box Number is Not Acceptable)
8 CASTLE HILL WAY

City SEWALLS POINT FL Zip Code 34996

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 *Richard C. Geisinger Jr.*
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 P
NAME GEISINGER, RICHARD C JR
STREET ADDRESS 8 CASTLE HILL WAY
CITY-ST-ZIP STUART, FL 34996 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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: *Richard C. Geisinger Jr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-06 772-215-1094
Date Daytime Phone #