2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Jan 27, 2006 08:00 AM DOCUMENT # P96000058820 **Secretary of State** 1. Entity Name ROBERT A. GEIGER, INC. Principal Place of Business Mailing Address 708 SE 3 COURT DANIA BEACH FL 33004 708 SE 3 COURT DANIA BEACH FL 33004 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 65-0683045 Not Applicat Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Mame GEIGER, ROBERT A Street Address (P.O. Box Number is Not Acceptable) 708 SE 3 CT **DANIA FL 33004** City Zip Code 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 9. Election Campaign Financing \$5.00 May ≘ After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD ☐ Delete TITLE Change Alleite NAME GEIGER, ROBERT A NAMÉ STREET ADDRESS 708 SE 3 CT STREET ADDRESS . - 400000404602 - 40005-20005 CITY+ST-ZIP **DANIA FL 33004** CITY-ST-Z(P 150.00 TITLE ☐ Delete TITLE ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP ☐ Delete ☐ Change Adding NAME NAME STREET ADDRESS STRUET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete Channe Admin. TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Adolin. TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY - ST - ZIP T Addition ☐ Delete HILE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

**FILED** 

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 125-06 954-42-314