


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90028 016 \*\*\*150.00

<b>DOCUMENT # P97000025339</b>			
1. Entity Name <b>GEIGER LOGGING, INC.</b>			
Principal Place of Business <b>28878 CENTURY LANE HILLIARD FL 32046</b>		Mailing Address <b>28878 CENTURY LANE HILLIARD FL 32046</b>	
2. Principal Place of Business		3. Mailing Address <b>P.O. Box 1050</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>Hilliard, FL</b>	
Zip	Country	Zip	Country
		<b>32046</b>	<b>Nassau</b>
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>GEIGER, ZENOUS R JR 28878 CENTURY LN. HILLIARD FL 32046</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL
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 _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GEIGER, ZENOUS R</b>	NAME	
STREET ADDRESS	<b>28878 CENTURY LN.</b>	STREET ADDRESS	
CITY - ST - ZIP	<b>HILLIARD FL 32046</b>	CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GEIGER, KARYN N</b>	NAME	
STREET ADDRESS	<b>28878 CENTURY LN.</b>	STREET ADDRESS	
CITY - ST - ZIP	<b>HILLIARD FL 32046</b>	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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: <b>Karyn Geiger</b>		01-31-05 904-845-7534	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



1st MOORE CR2E034 (10/04)

4. FEI Number **59-3436318** Applied For ☐ Not Applicable ☐

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

Name

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

City

FL

Zip Code

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, 2005 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	PD <input type="checkbox"/> Delete
NAME	<b>GEIGER, ZENOUS R</b>
STREET ADDRESS	<b>28878 CENTURY LN.</b>
CITY - ST - ZIP	<b>HILLIARD FL 32046</b>
TITLE	VD <input type="checkbox"/> Delete
NAME	<b>GEIGER, KARYN N</b>
STREET ADDRESS	<b>28878 CENTURY LN.</b>
CITY - ST - ZIP	<b>HILLIARD FL 32046</b>
TITLE	<input type="checkbox"/> Delete
NAME	
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CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY - ST - ZIP	
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SIGNATURE:

**Karyn Geiger**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-31-05

Date

904-845-7534

Daytime Phone #