2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 17, 2008 8:00 am Secretary of State DOCUMENT # P97000025339 1. Entity Name 04-17-2008 90012 022 ***150.00 GEIGER LOGGING, INC. Principal Place of Business Mailing Address 28714 YELLOW ROSE LN PO BOX 1050 HILLIARD FL 32046 HILLIARD FL 32046 2. Principal Place of Business - No P.C. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) 4. FEI Number Applied For City & State City & State 59-3436318 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GEIGER, ZENOUS R JR Street Address (P.O. Box Number is Not Acceptable) 28878 CENTURY LN: HILLIARD FL 32046 'e How 8. The above named entity, submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed of comedicanic of registered apert and the Timpi cable. (NOTE: Registored Agont eigenford required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE PD 4 Change Addition ☐ Defete Geiger, Zenous GEIGER, ZENOUS R NAMS NAME Rose LN STREET ADDRESS 28878 CENTUTY LN. STREET ADDRESS 28714 yellow CITY-ST-ZI? HILLIARD FL 32046 CITY-ST-ZIP Hilliard ĘΙ 32046 VD TITLE ☐ Delete DITE Change Addition Geiger, Karyn N 28714 Yellow Rose GEIGER, KARYN N NAME HAME STREET ADDRESS 28878 CENTURY LN. STREET ADDRESS CITY-ST-ZIP HILLIARD FL 32046 CITY-ST-ZIP Hilliard, FI 32040 ☐ Change TITLE Deiete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST- 7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Deiete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CUTY- ST- ZIF TITLE ☐ Change Addition TITS F Delate NAME NEM-

12. Thereby 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 efficer 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

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

FILED