


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
Feb 28, 2005 08:00 AM  
Secretary of State

|   |   |
|---|---|
| DOCUMENT # P93000055423<br>1. Entity Name<br>GENESIS MARKETING & CONSULTING, INC. |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br>727 S. ORANGE AVE.<br>SUITE 1<br>SARASOTA, FL 34236 US | Mailing Address<br>727 S. ORANGE AVE.<br>SUITE 1<br>SARASOTA, FL 34236 US |
|---|---|



02162005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>65-0429274 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

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

6. Name and Address of Current Registered Agent

THOMPSON, WILLIAM B  
5120 JUNGLE PLUM RD  
SARASOTA, FL 34242

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

10. OFFICERS AND DIRECTORS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PS<br>THOMPSON, WILLIAM B<br>5120 JUNGLE PLUM RD<br>SARASOTA, FL |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VPT<br>THOMPSON, KAREN M<br>5120 JUNGLE PLUM RD<br>SARASOTA, FL  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VPO<br>LONG, AMY R<br>5284 RIVERWOOD AVE<br>SARASOTA, FL         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VPS<br>THOMPSON, MICKEY<br>1655 NORTH DR<br>SARASOTA, FL         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |

00000029860  
02/28/05-80072-035 138.75

DO NOT WRITE  
IN THIS SPACE

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 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(X) 2-22-05