


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000087051
1. Entity Name
GENESIS FINANCIAL NETWORK INC.



Principal Place of Business 13339 CORTEZ BLVD. BROOKSVILLE, FL 34613-4888	Mailing Address 13339 CORTEZ BLVD. BROOKSVILLE, FL 34613-4888
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DO NOT WRITE IN THIS SPACE



4. FEI Number 59-3351272	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CORNETT, PATRICIA A
13339 CORTEZ BLVD.
BROOKSVILLE, FL 34613-4888

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MAGUIRE, FLORENCE 11331 ORANGEWOOD CT SPRING HILL, FL 34609
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BUTLER, SHIRLEY 7239 COVENTRY CT. WEEKI WACHEE, FL 34607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T PASTORI, BETTY 11332 ORANGEWOOD CT SPRING HILL, FL 34609
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S RYAN, MARY ANN 3442 MANILLA DR SPRING HILL, FL 34607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/15/04-80046-010 150.00

**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: Florence Maguire *Florence Maguire* 3/10/04 352 688-6424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #