


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 13, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P95000087051

1. Entity Name  
**GENESIS FINANCIAL NETWORK INC.**



Principal Place of Business      Mailing Address

13339 CORTEZ BLVD.      13339 CORTEZ BLVD.  
 BROOKSVILLE, FL 34613-4888      BROOKSVILLE, FL 34613-4888

**DO NOT WRITE IN THIS SPACE**



01152006 No Chg-P CRZE034 (11/05)

4. FEI Number  
**59-3351272**      Applied For  
 Not Applicable

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

8. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GAULA, DONNA M
STREET ADDRESS	3116 MARSHALL AVENUE
CITY-ST-ZIP	SPRING HILL, FL 34609
TITLE	V
NAME	RESO, BEVERLY
STREET ADDRESS	6 PINE DRIVE
CITY-ST-ZIP	HOMOSASSA, FL 34446
TITLE	S
NAME	PASTORI, BETTY
STREET ADDRESS	11332 ORANGEWOOD CT
CITY-ST-ZIP	SPRING HILL, FL 34609
TITLE	T
NAME	BURGESS, BETTY
STREET ADDRESS	3461 SPRING PARK WAY
CITY-ST-ZIP	SPRING HILL, FL 34606
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Donna M. Gaula*      *Donna M. Gaula*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2-8-06*      *352-683-2701*  
 Date      Daytime Phone #