


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 18, 2007 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



01032007 No Chg-P CR2E034 (11/05)

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

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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, 2007 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 GAULA, DONNA M 3116 MARSHALL AVENUE SPRING HILL, FL 34609
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V RESO, BEVERLY 6 PINE DRIVE HOMOSASSA, FL 34446
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PASTORI, BETTY 11332 ORANGEWOOD CT SPRING HILL, FL 34609
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BURGESS, BETTY 3461 SPRING PARK WAY SPRING HILL, FL 34606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 01/18/07-80039-006 150.00

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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

1/12/07 Date (352) 683-2701 Daytime Phone #