


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000028593 1. Entity Name GENESIS CUSTOM HOMES OF NAPLES, INC.	
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Principal Place of Business 2100 TRADE CENTER WAY, SUITE D NAPLES, FL 34109	Mailing Address 2100 TRADE CENTER WAY, SUITE D NAPLES, FL 34109
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01142008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-4348035	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent R & A AGENTS, INC. C/O WILLIAM R. O'NEILL, ASST. SEC. 850 PARK SHORE DRIVE, THIRD FLOOR NAPLES, FL 34103-3587

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, 2008 Fee will be \$550.00**

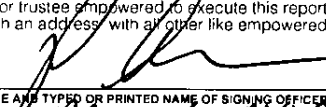
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U00000924181
05/16/08-80062-022 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MUSUMAND, PATSY 2100 TRADE CENTER WAY STE D NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT MUSUMAND, DONNA 2100 TRADE CENTER WAY STE D NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MUSUMAND, GREGORY 2100 TRADE CENTER WAY STE D NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RADCLIFFE, PAUL 2100 TRADE CENTER WAY STE D NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MUSUMAND, JEFFREY 2100 TRADE CENTER WAY STE D NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PATSY MUSUMANDO

4/15/08 **825-6937**
Date Daytime Phone #