2005 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Mar 31, 2005 08:00 AM **Secretary of State DOCUMENT # 212304** GENÉVAMATIC ENGINEERING CORPORATION, INC. Principal Place of Business Mailing Address 5200 95TH ST NORTH 67 5200 95TH ST NORTH 67 ST PETERSBURG, FL 33708 ST PETERSBURG, FL 33708 02252005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-0832069 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GOELZ, LAURENCE L. DO NOT WRITE 5550 98TH STREET N. PINELLAS PK., FL 34666 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 relestating) TATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DP TITLE NAME GOELZ, LAWRENCE L STREET ADDRESS 5550 98TH ST N PINELLAS PARK, FL CITY-ST-ZIP U00000281989 03/31/05-80025-011 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-712

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

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

> awrence NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR