


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 399320</b> 1. Entity Name <b>GENERIC SYSTEMS, INC.</b>	
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Principal Place of Business <b>6063 WATEREDGE DR. S. JACKSONVILLE, FL 32211</b>	Mailing Address <b>6063 WATEREDGE DR. S. JACKSONVILLE, FL 32211</b>
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**DO NOT WRITE IN THIS SPACE**



01122008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-1400721</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**YEAGER, ARTHUR G  
BARNETT BANK BUILDING  
JACKSONVILLE, FL 32202**

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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 re-registering) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	000000794038 01/25/08-80030-025 150.00
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10. OFFICERS AND DIRECTORS

TITLE <b>PD</b>	<b>OSBORNE, JAMES B.</b>
NAME	
STREET ADDRESS <b>6063 WATEREDGE DR. S.</b>	
CITY-ST-ZIP <b>JACKSONVILLE, FL 32211</b>	
TITLE <b>SD</b>	<b>OSBORNE, MARY G</b>
NAME	
STREET ADDRESS <b>6063 WATEREDGE DR. S.</b>	
CITY-ST-ZIP <b>JACKSONVILLE, FL 32211</b>	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:** *JB Osborne* **JB OSBORNE** **1/18/08** **904 721 3413**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #