


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2005 8:00 am
Secretary of State

08-02-2005 90030 043 ***150.00

DOCUMENT # 428444	
1. Entity Name GENSCO, INC.	

Principal Place of Business 345 URSA AVE MERRITT ISLAND, FL 32953	Mailing Address 345 URSA AVE MERRITT ISLAND, FL 32953
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2. Principal Place of Business 811 DEL RIO WAY	3. Mailing Address 811 DEL RIO WAY
Suite, Apt. #, etc. 604	Suite, Apt. #, etc. 604
City & State MERRITT ISLAND, FL	City & State MERRITT ISLAND, FL
Zip 32953	Zip 32953
Country	Country



07212005 Chg-P CR2E034 (10/03)

4. FEI Number 59-1474271	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WIEAND, WILLIAM 345 URSA AVE MERRITT ISLAND, FL 32953	7. Name and Address of New Registered Agent Name WIEAND, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 811 DEL RIO WAY # 604 City MERRITT ISLAND FL Zip Code 32953
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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  **WILLIAM WIEAND** X **7-21-05**
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 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WIEAND, WILLIAM R 345 URSA AVE MERRITT ISLAND, FL 32953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	811 DEL RIO WAY # 604 MERRITT ISLAND, FL 32953 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE  **WILLIAM WIEAND** X **7-21-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #