2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Feb 15, 2008 08:00 AM Secretary of State

| ANNUAL REPORT | | | | | | | |
|-----------------------|-----|--|--|--|--|--|--|
| DOCUMENT # 462367 | | | | | | | |
| 1. Entity Name | 1.6 | | | | | | |
| THE GENEVIEVE COMPANY | 116 | | | | | | |

Principal Place of Business

Mailing Address

17 CRYSTAL WATERS DRIVE WINTER HAVEN, FL 33880 17 CRYSTAL WATERS DRIVE WINTER HAVEN, FL 33880



02042008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-1561725 Applied For Not Applicable

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|---|--|---|---|--|---------------------------------|---|--|--|
| The second of | | | | 5. Certificate of S | Status Desired | □ \$8.7 Fee R | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent EASON, GAYLE 17 CRYSTAL WATERS DRIVE | | | | DO N | IOT WI | RITE | | |
| WINTER HAVEN, FL 33880 | | | The same with the same of the | IN Th | HIS SPA | 4CE | The species of the second seco | |
| 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: Registe | red Agent elgnature required | J when reinstating) | | DATE | | |
| | E NOWIII FEE IS \$150.00 by 1, 2008 Fee will be \$550.00 | Election Campaign Fina Trust Fund Contribution | | .00 May Be led to Fees | | | | |
| 10. | OFFICERS AND DIREC | CTORS | Mark to the state of the state | " - 4 m 1 mo 1 | the state of the state of the | 10000000000000000000000000000000000000 | The state of the state of | |
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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:

IGNATURE AND TYPED OR PRINTE

PAIGNING OFFICER OR DIRECTOR

2/12/08

863-293-0153