

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F98000004848

1. Entity Name
THE GEMESIS CORPORATION



FILED
07 JAN -8 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7040 PROFESSIONAL PKWY EAST
SARASOTA, FL 34240

Mailing Address
7040 PROFESSIONAL PKWY EAST
SARASOTA, FL 34240

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052007

Chg-P

CR2E034 (12/06)

07

4. FEI Number
59-3423268

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

100084097071
01/12/07--01004--007 **150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLEMMING, TODD 7040 PROFESSIONAL PKWY EAST SARASOTA, FL 34240	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD VALEIRAS, CARLOS 7040 PROFESSIONAL PKWY EAST SARASOTA, FL 34240	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BUFFETT, THOMAS V 7040 PROFESSIONAL PKWY EAST SARASOTA, FL 34240	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HICKS, WAYLAND 7040 PROFESSIONAL PKWY EAST SARASOTA, FL 34240	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALLAGI, FRANK 7040 PROFESSIONAL PKWY EAST SARASOTA, FL 34240	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, JERRY 7040 PROFESSIONAL PKWY EAST SARASOTA, FL 34240	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PM LUX, STEPHEN 7040 PROFESSIONAL PKWY EAST SARASOTA, FL 34240	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WAGNER, BERNARD 7040 PROFESSIONAL PKWY EAST SARASOTA, FL 34240	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLETT, DWAIN E 7040 PROFESSIONAL PKWY EAST SARASOTA, FL 34240	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSEPHS, GENE 7040 PROFESSIONAL PKWY EAST SARASOTA, FL 34240	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CLARKE, CARTER 7040 PROFESSIONAL PKWY EAST SARASOTA, FL 34240	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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

1-5-2007

941-907-9889

Date

Daytime Phone #

EXT 116