


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90081 038 ***150.00

DOCUMENT # G83041	
1. Entity Name GENEVA SYSTEMS, INC.	

Principal Place of Business 6857 CR 214 CR 214 & MELROSE ROAD MELROSE FL 32666 US	Mailing Address P.O. BOX 1505 KEYSTONE HEIGHTS FL 32656 US
(Please correct)	

2. Principal Place of Business 7378 Sunrise Blvd.	3. Mailing Address P. O. Box 1505
Suite, Apt. #, etc. Suite 500	Suite, Apt. #, etc.

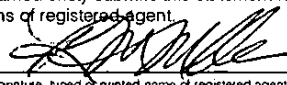
City & State Keystone Heights, FL	City & State Keystone Heights, FL 32656
Zip 32656	Country Clay



1st MOORE CR2E034 (10/04)

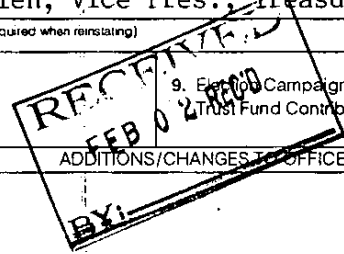
4. FEI Number 59-2375282		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MCMULLEN, ROBERT J. 6857 CR 214 MELROSE FL 32666		
7. Name and Address of New Registered Agent 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  **Karen G. McMullen, Vice Pres., Treasurer**
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, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STV MCMULLEN, KAREN G. CR 214 & MELROSE ROAD MELROSE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP MCMULLEN, ROBERT J. CR 214 & MELROSE ROAD MELROSE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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  **Karen G. McMullen** (352)473-7683
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #