

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # J54684

1. Entity Name
THE GENESIS GROUP, INC.



Principal Place of Business
THE GENESIS GROUP, INC
4029 TAMPA RD
OLDSMAR, FL 34677

Mailing Address
THE GENESIS GROUP, INC
4029 TAMPA RD
OLDSMAR, FL 34677



03102004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2758478

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HILTON, V. BUD
4029 TAMPA ROAD
OLDSMAR, FL 34677

**DO NOT WRITE
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 _____

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
HILTON, V. BUD
4029 TAMPA RD
OLDSMAR, FL 34677

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VGM
BLOCK, ROTH
4029 TAMPA RD
OLDSMAR, FL 34677

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VCS
JACKSON, SAMUEL H
4029 TAMPA RD
OLDSMAR, FL 34677

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U000000123108
04/21/04-80057-009 750.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Date

Daytime Phone #

4/14/04 **813 818-9299**