


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 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
--	--

DO NOT WRITE IN THIS SPACE



04152005 No Chg-P CR2E034 (10/03)

4. FBI Number 59-2758478	<input type="checkbox"/> 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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

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	

DO NOT WRITE
IN THIS SPACE

000000316634
04/15/05-80030-023 150:00

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:  **V. D. Hilton** 4-15-05 813-818-9299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #