

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2006 8:00 am
Secretary of State

03-07-2006 90015 007 ***150.00

DOCUMENT # K83655

1. Entity Name
GENESIS PLANNING AND DEVELOPMENT, INC.



Principal Place of Business
**6320 TOWER LANE
SARASOTA, FL 34240 US**

Mailing Address
**6320 TOWER LANE
SARASOTA, FL 34240 US**

50001249

2. Principal Place of Business
2147-G PORTER LAKE DR.
Suite, Apt. #, etc.

3. Mailing Address
2147-G PORTER LAKE DR.
Suite, Apt. #, etc.



01102006 Chg-P CR2E034 (11/05)

City & State
SARASOTA, FL
Zip
34240 Country
USA

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SARASOTA, FL
Zip
34240 Country
USA

4. FEI Number
65-0115964 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BOYER, EDWIN M.
1800 SECOND ST.
STE 760
SARASOTA, FL 34236**

7. Name and Address of New Registered Agent

Name
Robert J. MEDRED

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

2147-G PORTER LAKE DRIVE

City
SARASOTA

FL

Zip Code
34240

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

Robert J. Medred

(NOTE: Registered Agent signature required when reinstating)

3/3/06

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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
D MEDRED, ROBERT J. ☐ Delete
**5972 RIVER FOREST CIRCLE
BRADENTON, FL 34203**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ 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:

Robert J. Medred

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/06

DATE

941-377-7730

DAYTIME PHONE #