


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91228 015 ***150.00

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| DOCUMENT # K95115 1. Entity Name GENESIS PAINTING, INC. | | | |  | |
| Principal Place of Business %JOHN M. QUINN 22572 BLUE FIN TRAIL BOCA RATON, FL 33428 | | | Mailing Address %JOHN M. QUINN 22572 BLUE FIN TRAIL BOCA RATON, FL 33428 | | |
| 2. Principal Place of Business 257 S. Cypress Road | | 3. Mailing Address 257 S. Cypress Road | | | |
| Suite, Apt. #, etc. #448 | | Suite, Apt. #, etc. #448 | | | |
| City & State Pompano Beach FL | | City & State Pompano Beach FL | | 4. FEI Number 65-0128707 | |
| Zip 33060 | | Country Broward | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent QUINN, JOHN M. 22572 BLUE FIN TRAIL BOCA RATON, FL 33428 | | | 7. Name and Address of New Registered Agent Name Quinn, John M. Street Address (P.O. Box Number is Not Acceptable) 257 S. Cypress Road #448 City Pompano Beach FL Zip Code 33060 | | |
| 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 <u><i>John M. Quinn</i></u> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VTD QUINN, JOHN M 22572 BLUE FIN TRAIL BOCA RATON, FL <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1P Quinn, John M. 257 S. Cypress Road #448 Pompano Beach FL 33060 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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: <u><i>John M. Quinn</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | <u>4/29/04</u> Date | | <u>954-788-9557</u> Daytime Phone # |