

2004 FOR PROFIT CORPORATION ANNUAL REPORT

05 MAY 10 2005

FILED

05 MAY -3 PM 4:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04262004 Chg-P CR2E034 (10/03)

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	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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	IP 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	
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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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	
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 registered agent of the corporation 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 my address with all other information covered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-22-05 561-213-2456 <small>Date Daytime Phone</small>		

TAXPAYER'S COPY