## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L19706

1. Entity Name

GENEX ENGINEERING, INC.



Principal Place of Business

% GARY V. DRIEBE 2813 BAYONNE DR

PALM BEACH GARDENS, FL 33410

Mailing Address

% GARY V. DRIEBE 2813 BAYONNE DR

PALM BEACH GARDENS, FL 33410

## FILED Apr 06, 2005 08:00 AM Secretary of State



04022005

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0149093 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DRIEBE, GARY V. 2813 BAYONNE DR PALM BEACH GARDENS, FL 33410

## DO NOT WRITE IN THIS SPACE

			IN THIS SPACE		
8. The above the obligat	named entity submits this statement for the prions of registered agent.	ourpose of changing its registere	d office or registered agent, or bo	th, in the State of Florida. I am familiar w	ith, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and little	if applicable (NOTE, Registered	Agent signature required when reinstating)	DATE	<del></del>
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.			
10.	OFFICERS AND DIREC	CTORS		<u> </u>	
TIFLE NAME STREET ADDRESS CITY-ST-ZIP	PD DRIEBE, GARY V. 2813 BAYONNE DR PLAM BEACH GDNS, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				#800000280040 (4706705-80049-018	150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY+ST-ZIP			IN <sup>*</sup>	THIS SPACE	
TITLE NAME STREET ADDRESS CITY ST-ZIP					
7171.7					

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:** 

NAME STREET ADDRESS CITY - SI - ZIP

SIGNATURE AND TYPE OR PRINTED NAME OF

Gary V Driebe

04-02-2005

561-694-7676

Daytime Phone #