2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004
Secretary of State

DOCUMENT# L72542

Entity Name: GENESIS TRAVEL BENEFITS, INC.

Current Principal Place of Business:

TROPICANA FIELD
ONE TROPICANA DR
ST PETERSBURG, FL 33705 US

New Principal Place of Business:

Current Mailing Address:

TROPICANA FIELD
ONE TROPICANA DR
ST PETERSBURG, FL 33705 US

New Mailing Address:

FEI Number: 59-3012481 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KNOPKE, WILLIAM C
2511 BAYSHORE BLVD
#505
TAMPA, FL 33629

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CPDS ( ) Delete
Name: KNOPKE, WILLIAM C SR.
Address: 2511 BAYSHORE BLVD #505
City-St-Zip: TAMPA, FL 33629

Title: P ( ) Delete
Name: KNOPKE, WILLIAM C II
Address: 815 S OREGON AVENUE
City-St-Zip: TAMPA, FL 33606

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: KNOPKE, WILLIAM C SR.
Address: 2511 BAYSHORE BLVD #505
City-St-Zip: TAMPA, FL 33629

Title: DCS (X) Change ( ) Addition
Name: KNOPKE, WILLIAM C II
Address: 815 S OREGON AVENUE
City-St-Zip: TAMPA, FL 33606

Title: DP ( ) Change (X) Addition
Name: REYNOLDS, SIMON D
Address: 146 VIA D'ESTE #1010
City-St-Zip: DELRAY BEACH, FL 33445

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM C. KNOPKE, II DC 04/21/2004

Electronic Signature of Signing Officer or Director Date