


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90351 022 ***150.00

DOCUMENT # L92844			
1. Entity Name GENCO WARREN, INC.			
Principal Place of Business 533 S HOWARD AVE 8 TAMPA, FL 33606 US		Mailing Address 533 S HOWARD AVE 8 TAMPA, FL 33606 US	
2. Principal Place of Business - No P.O. Box # 533 S. HOWARD AVE.		3. Mailing Address 533 S. HOWARD AVE	
Suite, Apt. #, etc. SUITE 8		Suite, Apt. #, etc. SUITE 8	
City & State TAMPA, FL		City & State TAMPA, FL	
Zip 33606	Country HILLS,	Zip 33606	Country HILLS.
6. Name and Address of Current Registered Agent RACKLEFF, RONALD D. 3607 SAN JUAN ST TAMPA, FL 33629		7. Name and Address of New Registered Agent Name RACKLEFF, RONALD D. Street Address (P.O. Box Number is Not Acceptable) 533 S. HOWARD AVE. SUITE 8 City TAMPA FL Zip Code 33606	
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>Ronald D. Rackleff</u> RONALD D. RACKLEFF DPT 4/21/08 <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, 2008 Fee will be \$350.00		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 DPT	NAME RACKLEFF, RONALD D. <input checked="" type="checkbox"/> Delete	TITLE DPT	NAME RACKLEFF, RONALD D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 533 S HOWARD AVE 8	CITY-ST-ZIP TAMPA, FL 33606	STREET ADDRESS 533 S. HOWARD AVE. SUITE 8	CITY-ST-ZIP TAMPA, FL 33606
TITLE DVPS	NAME RACKLEFF, LINDA S. <input checked="" type="checkbox"/> Delete	TITLE DVPS	NAME RACKLEFF, LINDA S. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 533 S HOWARD AVE 8	CITY-ST-ZIP TAMPA, FL 33606	STREET ADDRESS 533 S. HOWARD AVE. SUITE 8	CITY-ST-ZIP TAMPA, FL 33606
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
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
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: <u>Ronald D. Rackleff</u> RONALD D. RACKLEFF		Date <u>4/21/08</u> (813) 839-6165	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	