## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 21, 2004 08:00 AM Secretary of State DOCUMENT # P00000004572 GENESIS SERVICES, INC. Principal Place of Business Mailing Address 4201 BAYMEADOWS ROAD 4201 BAYMEADOWS ROAD SUITE 4 SUITE 4 JACKSONVILLE, FL 32217 JACKSONVILLE, FL 32217 04202004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3628412 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent HUNTER, LEWIS B JR. DO NOT WRITE 4201 BAYMEADOWS ROAD SUITE 4 IN THIS SPACE JACKSONVILLE, FL 32217 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 Signature, typed or printed name of registered agent and title if epokcable (NOTE Registered Agent afgrature required when reinstating) U00000122158 FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing **\$5.00** May Be 04/21/04-80016-022 150.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE Ð LEVENE, FRANCIS R NAME STREET ADDRESS 4201 BAYMEADOWS ROAD, SUITE 4 CITY-ST-ZIP JACKSONVILLE, FL 32217 TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE STREET ADDRESS DO NOT WRITE CSTY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CRTY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 suppliemental report is true and septidate and that my eignature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered the security is 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 a property of the same legal effect as it made under oath; that I am an officer or director of the corporation of the receiver or trustee empowered.

SIGNATURE: \_

TITLE NAME STREET ADDRESS CITY-SI-ZIP

> THEO OR PRINTED NAME OF SIGNATURE FEE COMPRECION IN COL SIGNATURE AND

<del>4/20/04 904 731 9332</del>

**FILED**