

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000011685

1. Entity Name  
GENESIS CUSTOM HOMES OF SOUTHWEST FLORIDA,  
INC.



Principal Place of Business

2100 TRADE CENTER WAY STE D  
NAPLES, FL 34109

Mailing Address

2100 TRADE CENTER WAY STE D  
NAPLES, FL 34109



04022004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1023838

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MUSUMANO, PATSY  
2100 TRADE CENTER WAY STE D  
NAPLES, FL 34109

**DO NOT WRITE  
IN THIS SPACE**

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 applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

000000126417  
04/23/04-80032-023 150.00

10. OFFICERS AND DIRECTORS

TITLE D  
NAME MUSUMANO, PATSY  
STREET ADDRESS 2100 TRADE CENTER WAY STE D  
CITY-ST-ZIP NAPLES, FL 34109

TITLE D  
NAME MUSUMANO, DONNA  
STREET ADDRESS 2100 TRADE CENTER WAY STE D  
CITY-ST-ZIP NAPLES, FL 34109

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Donna Musumano, Exec. V.P.*  
Sec. Treas.

4/20/04 (239) 594-7985  
Date Daytime Phone #