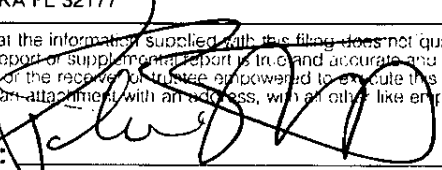


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # P00000040560 1. Entity Name GENUNG'S FISH CAMP, INC.					
Principal Place of Business 201 OWENS AVENUE SUITE C SAINT AUGUSTINE FL 32080			Mailing Address 50 NORTH LAURA STREET SUITE 3300 JACKSONVILLE FL 32202		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent RAX CO., A FLORIDA CORPORATION C/O SHARON R. HENDERSON 50 N. LAURA STREET, STE 3300 JACKSONVILLE FL 32202			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ DATE _____ Signature typed or printed name of registered agent (if applicable) (NOTE: Registered Agent signature required when changing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete BREWER, RICHARD C 13910 MANDARIN OAKS LANE JACKSONVILLE FL 32223		TITLE NAME STREET ADDRESS CITY-ST-ZIP	000000861713 ☐ Change ☐ Addition 04/03/08-80020-003 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ☐ Delete GREENBERG, MICHAEL J 2 ST. ANDREWS CT SAINT AUGUSTINE FL 32084		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ☐ Delete HAMILTON, G. WILLIAM - III 7000 CHARLES ST. ST. AUGUSTINE FL 32080		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ☐ Delete HAMILTON, PATRICK S 6989 CHARLES STREET ST. AUGUSTINE FL 32080		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete LASTINGER, ALLEN L JR 1145 CAMPBELL AVE JACKSONVILLE FL 32207		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete MYERS, CHARLES T III 244 CRYSTAL COVE DRIVE PALATKA FL 32177		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 an office like empowered.

SIGNATURE:  **Patrick S. Hamilton** **3/13/2008 (904) 471-5903**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR