

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000040560

Entity Name: GENUING'S FISH CAMP, INC.

FILED  
Mar 13, 2009  
Secretary of State

## Current Principal Place of Business:

201 OWENS AVENUE  
SUITE C  
SAINT AUGUSTINE, FL 32080

## New Principal Place of Business:

201 OWENS AVENUE  
SUITE C  
SAINT AUGUSTINE, FL 32080 US

## Current Mailing Address:

50 NORTH LAURA STREET  
SUITE 3300  
JACKSONVILLE, FL 32202

## New Mailing Address:

FEI Number: 59-3654760      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## 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 US

## 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: D ( ) Delete  
Name: BREWER, RICHARD C  
Address: 13910 MANDARIN OAKS LANE  
City-St-Zip: JACKSONVILLE, FL 32223

Title: DST ( ) Delete  
Name: GREENBERG, MICHAEL J  
Address: 2 ST. ANDREWS CT  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: DVP ( ) Delete  
Name: HAMILTON, G. WILLIAM III  
Address: 7000 CHARLES ST.  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: DP ( ) Delete  
Name: HAMILTON, PATRICK S  
Address: 6989 CHARLES STREET  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D ( ) Delete  
Name: LASTINGER, ALLEN L JR  
Address: 1145 CAMPBELL AVE  
City-St-Zip: JACKSONVILLE, FL 32207

Title: D ( ) Delete  
Name: MYERS, CHARLES T III  
Address: 244 CRYSTAL COVE DRIVE  
City-St-Zip: PALATKA, FL 32177

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PATRICK S HAMILTON

DP

03/13/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date