

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90026 020 ***150.00

DOCUMENT # P00000057466

1. Entity Name

GENESIS ENTERPRISES OF SARASOTA, INC.



Principal Place of Business

~~3917 LANCASTER DR.~~
~~SARASOTA, FL 34241~~

Mailing Address

~~3917 LANCASTER DR.~~
~~SARASOTA, FL 34241~~

192 Vic Edwards Rd.
Sarasota, Fla. 34240

192 Vic Edwards Rd.
Sarasota, FL 34240



03222005

No Chg-P

CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1102280

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEEL, ROY EDWARD JR.

~~3917 LANCASTER DR.~~
~~SARASOTA, FL 34241~~

192 Vic Edwards Rd.
Sarasota, Fla. 34240

**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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME PEEL, ROY EDWARD JR.
STREET ADDRESS ~~3917 LANCASTER DR.~~ *192 Vic Edwards Rd.*
CITY-ST-ZIP ~~SARASOTA, FL 34241~~ *Sarasota, Fla. 34240*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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

X 3/24/05
Date

X 941-812-7909
Daytime Phone #