## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED DOCUMENT # P00000094739** Apr 25, 2007 08:00 A Secretary of State 1. Entity Name GENESIS ENGINEERING AND CONSTRUCTORS CORP. Principal Place of Business Mailing Address 3710 NORTH MONROE ST. P.O. BOX 180940 TALLAHASSEE, FL 32314 TALLAHASSEE, FL 32318 US 04132007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3678822 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent FREEMAN, EDWARD DO NOT WRITE 901 GROVELAND HILLS DR TALLAHASSEE, FL 32317 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 it applicable (NOTE: Registered Agent signature required when reinstation) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS DP TITLE NAME FREEMAN, EDWARD STREET ADDRESS 901 GROVELAND HILLS DR CITY-ST-ZIP TALLAHASSEE, FL 32317 U00000731368 05/09/07-80023-005 150.00 TITI F NAME STREET ADDRESS CITY-ST-ZIP DDE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE me NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

CITY-ST-ZIP

BIGNATURE AND TYAED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23/2007

850-385-5563

Daytime Phone #