


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90031 033 ***150.00

| | |
|--|---|
| DOCUMENT # P02000021845 |  |
| 1. Entity Name GENUINE COMPUTER SOLUTIONS INC. | |


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|---|---|
| Principal Place of Business 1871 S W RENFRO STREET PORT ST. LUCIE, FL 34953 | Mailing Address 1871 S W RENFRO STREET PORT ST. LUCIE, FL 34953 |
|---|---|

| | |
|---|-----------------------------------|
| 2. Principal Place of Business <i>1871 SW Renfro St.</i> | 3. Mailing Address <i>Same</i> |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|---|-----------------------------|
| City & State <i>Port St. Lucie, FL</i> | City & State <i>Same</i> |
|---|-----------------------------|

| | | | |
|---------------------|---------|-----|---------|
| Zip <i>34953</i> | Country | Zip | Country |
|---------------------|---------|-----|---------|

94031618



03102004 Chg-P CR2E034 (10/03)

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|---|--|
| 4. FEI Number 050405616 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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|--|--|
| 6. Name and Address of Current Registered Agent CAUSBY, JOHN 1871 S W RENFRO STREET PORT ST. LUCIE, FL 34953 | |
|--|--|

| | |
|--|----------|
| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | |
| FL | Zip Code |

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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete D CAUSBY, JOHN 1871 S W RENFRO STREET PORT ST. LUCIE, FL 34953 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete D CAUSBY, TRICIA 1871 S W RENFRO STREET PORT ST. LUCIE, FL 34953 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| AMOUNT OF DEPOSIT (Do NOT type, please print) DOLLARS _____ CENTS _____ | |
| EIN 03-0405616 040612 | |
| GENUINE COMPUTER SOLUTIONS INC 1871 SW RENFRO ST PORT SAINT LUCIE FL 34953-1375 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Number () _____ |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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]* **03/10/04 772-370-0881**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #