

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000044188

Entity Name: GENOA HOLDINGS, INC.

FILED  
Mar 20, 2005  
Secretary of State

## Current Principal Place of Business:

11228 BLACKSMITH DRIVE  
TAMPA, FL 33626

## New Principal Place of Business:

1419 KENSINGTON WOODS DRIVE  
LUTZ, FL 33549

## Current Mailing Address:

11228 BLACKSMITH DRIVE  
TAMPA, FL 33626

## New Mailing Address:

1419 KENSINGTON WOODS DRIVE  
LUTZ, FL 33549

FEI Number: 20-0003226

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RICHARDS, ANTHONY T  
11228 BLACKSMITH DRIVE  
TAMPA, FL 33626 US

## Name and Address of New Registered Agent:

RICHARDS, ANTHONY T  
1419 KENSINGTON WOODS DRIVE  
LUTZ, FL 33549 US

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: ANTHONY T RICHARDS

03/20/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: RICHARDS, ANTHONY T  
Address: 11228 BLACKSMITH DRIVE  
City-St-Zip: TAMPA, FL 33626

Title: VP ( ) Delete  
Name: RICHARDS, STEPHANIE L  
Address: 11228 BLACKSMITH DRIVE  
City-St-Zip: TAMPA, FL 33626

Title: D ( ) Delete  
Name: TRAN, ANH T  
Address: 1730 LAKESHORE BLVD  
City-St-Zip: JACKSONVILLE, FL 32210

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: RICHARDS, ANTHONY T  
Address: 1419 KENSINGTON WOODS DRIVE  
City-St-Zip: LUTZ, FL 33549

Title: VP (X) Change ( ) Addition  
Name: RICHARDS, STEPHANIE L  
Address: 1419 KENSINGTON WOODS DRIVE  
City-St-Zip: LUTZ, FL 33549

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ANTHONY T RICHARDS

P

03/20/2005

Electronic Signature of Signing Officer or Director

Date