

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

5/3/2

**FILED**  
**May 26, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90733 043 \*\*\*150.00

<b>DOCUMENT # P03000082314</b>																			
<b>1. Entity Name</b> GENOA WHITE, INC.																			
<b>Principal Place of Business</b> 6729 COTTONTAIL LN JACKSONVILLE, FL 32210			<b>Mailing Address</b> 6729 COTTONTAIL LN JACKSONVILLE, FL 32210																
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>																	
Suite, Apt. #, etc.		Suite, Apt. #, etc.																	
City & State		City & State																	
Zip		Country		Zip															
Country		Country		Country															
<b>4. EEI Number</b> 20-00-97732																			
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																			
<b>6. Name and Address of Current Registered Agent</b>  WHITE, GENOA 6729 COTTONTAIL LN JACKSONVILLE, FL 32210			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City, State, Zip Code																
<b>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.</b>																			
<b>SIGNATURE</b> Signature typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating) DATE																			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00.</b>																			
<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																			
<b>10. OFFICERS AND DIRECTORS</b>																			
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<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>																			
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<b>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.</b>																			
<b>SIGNATURE:</b> <i>Genoa White - Genoa White</i> <span style="float: right;">5-24-02 (591-2475)</span>																			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <span style="float: right;">Date Daytime Phone #</span>																			

66424246



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