2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000066660

Entity Name
GEN-X, INC.

Principal Place of Business
5055 BABCOCK STREET, NE #7
PALM BAY, FL 32905

Mailing Address
5055 BABCOCK STREET, NE #7
PALM BAY, FL 32905

01112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1278654
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COLOMBO, JOSEPH G
551 W. EAU GALLIE BLVD., SUITE 1
MELBOURNE, FL 32935

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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.

800000337724
01/30/06-80062-002 150.00

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

OFFICERS AND DIRECTORS

TITLE	P
NAME	FACCIOBENE, DON
STREET ADDRESS	5055 BABCOCK STREET, NE #7
CITY-ST-ZIP	PALM BAY, FL 32905
TITLE	V
NAME	FACCIOBENE, FRANK M JR.
STREET ADDRESS	50 WEST LAURIE STREET
CITY-ST-ZIP	MELBOURNE, FL 32904
TITLE	ST
NAME	FACCIOBONE, FRANK M SR.
STREET ADDRESS	50 WEST LAURIE STREET
CITY-ST-ZIP	MELBOURNE, FL 32904
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 1/20/06 321-727-7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #