## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

	ANNUAL	REPORT
DOCUMENT	#P04000073	981

1. Entity Name
GENNIS ACCOUNTING SERVICES, INC.

Principal Place of Business

Mailing Address

2711 66TH STREET SW NAPLES, FL 34105 2711 66TH STREET SW NAPLES, FL 34105

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01052007 No Chg-P CR2E034 (11/05)

4. FEI Number 14-1907852 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GENNIS, LARRY 2711 66TH STREET SW NAPLES, FL 34105

## DO NOT WRITE IN THIS SPACE

				in : IN :	HIS SPA	CE	,
the obligat	named entity submits this statement for the plions of registered agent.	urpose of changing its registere	ed office or reg	istered agent, or bo	th, in the State of Florida.	1 am familiar with,	and accept
SIGNATURE.	Signeture, typed or printed name of registered agent and title	f applicable. (NOTE: Registere	d Agent signatura re	quired when reinstating)		DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		\$5.00 May Be Added to Fees	00000059 01/22/07-80	4092 059-005 19	50.180
.10.	.10. OFFICERS AND DIRECTORS				The second secon		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GENNIS, LARRY 2711 66TH STREET SW NAPLES, FL 34105						144 · · · · · · · · · · · · · · · · · ·
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WR	ITE	
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TITLE NAME STREËT ADDRESS CITY-ST-ZIP							
TITLE			* *'				

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 afcurate and that my signature shall have the same legal affect 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 nfy name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with a object like empowered.

SIGNATURE: .

NAME STREET ADDRESS CITY-ST-ZIP

TURE NO TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

179-649 1788