

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90055 011 ***150.00

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1. Entity Name
GENEXT RESEARCH, INC.



Principal Place of Business Mailing Address
519 CLEVELAND STREET SUITE 101 519 CLEVELAND STREET SUITE 101
CLEARWATER, FL 33755 CLEARWATER, FL 33755

40021660



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01162007

Chg-P

CR2E034 (12/06)

4. FEI Number

76-0760721

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LYONS, GARY W
311 SOUTH MISSOURI AVE
CLEARWATER, FL 33756

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **ANTOSHECHKIN, ANATOLY MDPHD**
STREET ADDRESS **519 CLEVELAND STREET SUITE 101**
CITY-ST-ZIP **CLEARWATER, FL 33755**

TITLE **DV** ☐ Delete
NAME **ANTOSHECHKIN, IGOR PHD**
STREET ADDRESS **519 CLEVELAND STREET SUITE 101**
CITY-ST-ZIP **CLEARWATER, FL 33755**

TITLE **DST** ☐ Delete
NAME **JOHANSON, HAKAN**
STREET ADDRESS **519 CLEVELAND STREET SUITE 101**
CITY-ST-ZIP **CLEARWATER, FL 33755**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #