

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000083797

1. Entity Name  
GENEXT RESEARCH, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 FEB -1 AM 10:59

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

Mailing Address  
519 CLEVELAND STREET SUITE 101  
CLEARWATER, FL 33755

2. Principal Place of Business - No P.O. Box #  
2180 CALUMET STREET  
Suite, Apt. #, etc.

3. Mailing Address  
2180 CALUMET STREET  
Suite, Apt. #, etc.



01102008 Chg-P CR2E034 (12/06)

City & State  
CLEARWATER, FL

City & State  
CLEARWATER, FL

4. FEI Number  
76-0760721

Applied For  
Not Applicable

Zip Country  
33765

Zip Country  
33765

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

6. Name and Address of Current Registered Agent  
LYONS, GARY W  
311 SOUTH MISSOURI AVE  
CLEARWATER, FL 33756

7. Name and Address of New Registered Agent  
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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ANTOSHECHKIN, ANATOLY MDPHD 519 CLEVELAND STREET SUITE 101 CLEARWATER, FL 33755 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2180 CALUMET STREET CLEARWATER, FL 33765 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ANTOSHECHKIN, IGOR PHD 519 CLEVELAND STREET SUITE 101 CLEARWATER, FL 33755 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2180 CALUMET STREET CLEARWATER, FL 33765 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST JOHANSON, HAKAN 519 CLEVELAND STREET SUITE 101 CLEARWATER, FL 33755 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2180 CALUMET STREET CLEARWATER, FL 33765 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500117641025 02/11/08--01005--020 **1327.50 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 1/20/08 Daytime Phone #