

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90057 001 ***211.25

DOCUMENT # P04000102408

1. Entity Name
3-GEN-X-ONE, INC.



Principal Place of Business
5055 BABCOCK STREET NE #4
PALM BAY, FL 32905

Mailing Address
5055 BABCOCK STREET NE #4
PALM BAY, FL 32905

66001317



01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1549814	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COLOMBO, JOSEPH G
2351 W EAU GALLIE BLVD SUITE 1
MELBOURNE, FL 32935

**DO NOT WRITE
IN THIS SPACE**

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

TITLE	P
NAME	FACCIOBENE, DON
STREET ADDRESS	5055 BABCOCK STREET NE #4
CITY-ST-ZIP	PALM BAY, FL 32905

TITLE	V
NAME	FACCIOBENE, FRANK M JR
STREET ADDRESS	50 W LAURIE STREET
CITY-ST-ZIP	MELBOURNE, FL 32904

TITLE	S
NAME	FACCIOBENE, FRANK M SR
STREET ADDRESS	50 W LAURIE STREET
CITY-ST-ZIP	MELBOURNE, FL 32904

TITLE	T
NAME	FACCIOBENE, FRANK M SR
STREET ADDRESS	50 W LAURIE STREET
CITY-ST-ZIP	MELBOURNE, FL 32904

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 supplement 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

2/13/08 321-724-7100
Date Daytime Phone #