

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90069 036 ***150.00

DOCUMENT # P04000140159

1. Entity Name
SERVICE GENIE, INC.



Principal Place of Business

**5574 PINERIDGE DRIVE
MILTON, FL 32570**

Mailing Address

**5574 PINERIDGE DRIVE
MILTON, FL 32570**

2. Principal Place of Business

2351 Sugar Tree

Suite, Apt. #, etc.

3. Mailing Address

2351 Sugar Tree

Suite, Apt. #, etc.



03172005

Chg-P

CR2E034 (10/03)

City & State

Pensacola FL

Zip

32503

Country

Escambia

City & State

Pensacola FL

Zip

32503

Country

Escambia

4. FEI Number

20-1725978

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MABIRE, MARIA
5574 PINERIDGE DRIVE
MILTON, FL 32570**

7. Name and Address of New Registered Agent

Name **Cecilia Strayhorn**

Street Address (P.O. Box Number is Not Acceptable)

2351 Sugar Tree

City

Pensacola

FL

Zip Code

32503

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)

3-18-05

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**P
MABIRE, MARIA
5574 PINERIDGE DRIVE
MILTON, FL 32570**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**President
Cecilia Strayhorn
2351 Sugar Tree
Pensacola, FL 32503**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

3-18-05

Date

Daytime Phone #