


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Feb 19, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P05000147485  
 1. Entity Name  
 GENEVA GENERAL STORE, INC.



Principal Place of Business      Mailing Address  
 155 WEST STATE ROAD 46      P.O. BOX 608  
 GENEVA, FL 32732      GENEVA, FL 32732

**DO NOT WRITE IN THIS SPACE**



02152008    No Chg-P    CR2E034 (11/05)

4. FEI Number 20-3754593	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 WHEELER, RICHARD SPICE  
 2265 LEE ROAD  
 SUITE 117  
 WINTER PARK, FL 32789

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	D
NAME	CROWTHERS, MICHAEL T
STREET ADDRESS	108 PEACEHILL PLACE
CITY-ST-ZIP	GENEVA, FL 32732
TITLE	D
NAME	BURKE, WILLIAM J
STREET ADDRESS	190 PEACEHILL PLACE
CITY-ST-ZIP	GENEVA, FL 32732
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000831613  
 02/27/08-80027-001 150.00

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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: William J. Burke      William J. BURKE      02-15-08      407-349-5827  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #