

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2007 8:00 am
Secretary of State

05-11-2007 90021 020 ***150.00

DOCUMENT # P06000080819



1. Entity Name
 GENO'S ITALIAN RESTAURANT, INC.

Principal Place of Business Mailing Address
 9276 NORTH DAVIS HWY 9276 NORTH DAVIS HWY
 PENSACOLA, FL 32514 PENSACOLA, FL 32514

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



04252007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
 75-3217430 Not Applicable

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

6. Name and Address of Current Registered Agent

SECCHIARI, TONY
 2526 SONORA CALZADA
 PENSACOLA, FL 32507

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 _____ (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	SCHUMACHER, LINDA	
STREET ADDRESS	3545 OAKCALLA DR	
CITY - ST - ZIP	PENSACOLA, FL 32526	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHUMACHER, JAXON	
STREET ADDRESS	9276 NORTH DAVIS HWY	
CITY - ST - ZIP	PENSACOLA, FL 32514	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAGAN, JEANNE	
STREET ADDRESS	323 E GADSDEN ST	
CITY - ST - ZIP	PENSACOLA, FL 32501	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Linda Schumacher Linda Schumacher 4/26/07 850-477-2912

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #