

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000080819

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



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

Mailing Address
**9276 NORTH DAVIS HWY
PENSACOLA, FL 32514**



04232008 No Chg-P CR2E034 (11/05)

4. FEI Number 75-3217430	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SECCHIARI, TONY
2526 SONORA CALZADA
PENSACOLA, FL 32507**

**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**

1100000934601

05/23/08-80039-007-150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SCHUMACHER, LINDA
STREET ADDRESS	3545 OAKCALLA DR
CITY-ST-ZIP	PENSACOLA, FL 32526

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
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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 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

Daytime Phone #

Linda Schumacher
Linda Schumacher

850-477-2365