


FILED
Jun 09, 2008 8:00 am
Secretary of State

05-02-2008 90156 012 ***150.00

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

5/2

DOCUMENT # P07000086168			
1. Entity Name GENETT TECHNOLOGY SERVICES, INC.			
Principal Place of Business 4321 SE COVE LAKE CIRCLE 105 STUART, FL 34997		Mailing Address 4321 SE COVE LAKE CIRCLE 105 STUART, FL 34997	
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
6. Name and Address of Current Registered Agent BERNSTEIN, TRISHA 8744 DANIA DRIVE PALM BEACH GARDENS, FL 33410		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 sign rule required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$160.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES LAKE, GORDON 4321 SE COVER LAKE CIRCLE STUART, FL 34997 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>As Vaughan Fale</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>4/29/08</u> Daytime Phone # <u>561-627-1489</u>	

66013652



04292008 Chg-P CR2E034 (12/06)

4. FEI Number 26-0626453 Applied For
Not Applicable

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