

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000015850

Entity Name: GENESIS TWO OF PCF INC

FILED
May 15, 2009
Secretary of State

Current Principal Place of Business:

809 E. ALSOBROOK
PLANT CITY, FL 33563

New Principal Place of Business:

Current Mailing Address:

809 E. ALSOBROOK
PLANT CITY, FL 33563

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, THELMA D
2005 E. WILLOW
PLANT CITY, FL 33566 US

Name and Address of New Registered Agent:

HARVEY, CATHARINE, M
3209 LAUREL LANE
PLANT CITY, FL 33566 US

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.

SIGNATURE: CATHARINE HARVEY

05/15/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HARVEY, CATHARINE
Address: 3209 LAUREL LN
City-St-Zip: PLANT CITY, FL 33566

Title: VP () Delete
Name: JONES, THELMA D
Address: 2005 EAST WILLOW DRIVE
City-St-Zip: PLANT CITY, FL 33566

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: HARVEY, JASEN
Address: 3209 LAUREL LANE
City-St-Zip: PLANT CITY, FL 33566

Title: DIRE () Change (X) Addition
Name: BURNETTE, DAVID
Address: 1981 POWELL AVE
City-St-Zip: BRONX, NY 10472

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHARINE HARVEY

P

05/15/2009

Electronic Signature of Signing Officer or Director

Date