

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000014565

FILED  
Apr 30, 2012  
Secretary of State

**Entity Name:** GENESIS FULL SERVICE CARPET AND FLOOR CARE INC.

**Current Principal Place of Business:**

660 MORNING MIST WAY  
ORANGE PARK, FL 32073

**New Principal Place of Business:**

**Current Mailing Address:**

660 MORNING MIST WAY  
ORANGE PARK, FL 32073

**New Mailing Address:**

**FEI Number:** 27-4691230

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SMITH, KAREN  
660 MORNING MIST WAY  
ORANGE PARK, FL 32073 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: JACKSON, DONALD JR  
Address: 8538 BRAZIL ROAD  
City-St-Zip: JACKSONVILLE, FL 32208

Title: VP  
Name: JACKSON, DONALD SR  
Address: 10357 SUGARGROVE ROAD  
City-St-Zip: JACKSONVILLE, FL 32221

Title: TREA  
Name: SMITH, KAREN  
Address: 660 MORNING MIST WAY  
City-St-Zip: ORANGE PARK, FL 32073

Title: CHRM  
Name: CURRY, JOSHUA  
Address: 3641 PEARL ST  
City-St-Zip: JACKSONVILLE, FL 32206

I hereby 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 all other like empowered.

SIGNATURE: KAREN SMITH

TREA

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date