



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90307 001 \*\*\*158.75

<b>DOCUMENT # P93000034783</b> 1. Entity Name <b>GENESIS CONSTRUCTION &amp; MANAGEMENT, INC.</b>					
Principal Place of Business <b>317 NE 36TH AVE SUITE #6 OCALA, FL 34471 US</b>			Mailing Address <b>P.O. BOX 5698 OCALA, FL 34478-5698 US</b>		
2. Principal Place of Business <b>317 NE 36th Ave.</b>			3. Mailing Address		
Suite, Apt. #, etc. <b>Suite 4</b>			Suite, Apt. #, etc.		
City & State <b>Ocala, FL</b>			City & State		
Zip <b>34470</b>		Country <b>USA</b>		4. FEI Number <b>59-3192624</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		5. Certificate of Status Desired <input checked="" type="checkbox"/>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>HUTCHINSON, BOB T JR 4935 SW 1ST AVE OCALA, FL 34480</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 reconstituting) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDST HUTCHINSON, BOB T JR. 4935 SW 1ST AVE OCALA, FL 34480</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b>  <b>Bob T. Hutchinson, President</b>			<b>4/14/05</b> Date		<b>352/867-8411</b> Daytime Phone #