

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000055423

1. Entity Name
GENESIS MARKETING & CONSULTING, INC.



Principal Place of Business
**727 S. ORANGE AVE.
SUITE 1
SARASOTA, FL 34236 US**

Mailing Address
**727 S. ORANGE AVE.
SUITE 1
SARASOTA, FL 34236 US**



02202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0429274

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**THOMPSON, WILLIAM B
5120 JUNGLE PLUM RD
SARASOTA, FL 34242**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PS
THOMPSON, WILLIAM B
5120 JUNGLE PLUM RD
SARASOTA, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPT
THOMPSON, KAREN M
5120 JUNGLE PLUM RD
SARASOTA, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPO
LONG, AMY R
5284 RIVERWOOD AVE
SARASOTA, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPS
THOMPSON, MICKEY
1655 NORTH DR
SARASOTA, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000453753
03/14/06-R0036-003 150.00

**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: **Y**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 2/28/06

Date

x 941 953 240

Daytime Phone #