

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P93000055423
 1. Entity Name
 GENESIS MARKETING & CONSULTING, INC.



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



02062008 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 <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 THOMPSON, WILLIAM B
 5120 JUNGLE PLUM RD
 SARASOTA, FL 34242

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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000836526
 03/04/08-80021-002 150.00

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	

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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: *W. Thompson* x 2/21/08
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #