

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 27, 2004 8:00 am**  
**Secretary of State**

07-27-2004 90037 002 \*\*\*150.00

**DOCUMENT # P94000078833**

1. Entity Name  
**GENIOL USA, INC.**



Principal Place of Business  
**8220 LEO KIDD AVENUE  
PORT RICHEY, FL 34668**

Mailing Address  
**8220 LEO KIDD AVENUE  
PORT RICHEY, FL 34668**

**54065049**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07212004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

**59-3277923**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DASHER, CECIL G  
8220 LEO KIDD AVENUE  
PORT RICHEY, FL 34668**

Name

**MATHEW PRAHASKY**

Street Address (P.O. Box Number is Not Acceptable)

**8220 LEO KIDD AVE.**

City

**PORT RICHEY**

FL

Zip Code

**34668**

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]*

**MATHEW PRAHASKY**

**7-21-04**

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  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

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

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **PRAHASKY, MATTHEW JR**  
CITY-ST-ZIP **6038 WYOMING AVENUE  
NEW PORT RICHEY, FL 34653**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 attached sheet with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-21-04**

Date

**727-846-7504**

Daytime Phone #

Attachment

524065049  
# P9400007833

July 21, 2004

Geniol USA, Inc.  
8220 Leo Kidd Avenue  
Port Richey, FL 34668  
FEIN: 59-3277923

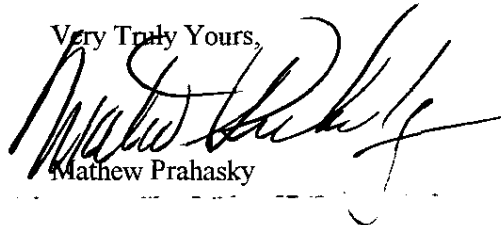
Florida Dept. of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed please find my annual report and a check for \$150.00 for payment of the annual corporate filing fee. I am requesting that the \$400.00 penalty be removed. I did not receive the original notification that the fee was due. During 2003, I took control of the day-to-day operations of the company and was not aware that this fee was due.

If you should need any additional information, please contact me.

Very Truly Yours,



Matthew Prahasky

WRD/mjr