


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90095 048 \*\*\*155.00

<b>DOCUMENT # P94000093705</b>					
1. Entity Name <b>GENI-STRUT, INC.</b>					
Principal Place of Business <b>8045 ELMSTONE CIR. ORLANDO FL 32822</b>			Mailing Address <b>P.O. BOX 781162 ORLANDO FL 32878</b>		
2. Principal Place of Business <b>3900 Southpointe</b>			3. Mailing Address		
Suite, Apt. #, etc. <b>101</b>			Suite, Apt. #, etc.		
City & State <b>Orlando</b>			City & State		
Zip <b>32822</b>	Country <b>USA</b>	Zip	Country	4. FEI Number <b>59-3284358</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>WOLLNER, RICHARD A 2917 W S.R. 434 SUITE 151 LONGWOOD FL 32779</b>				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL 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 reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GENIO, PINA 3900 S POINTE #101 ORLANDO FL 32822 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.

**SIGNATURE:** Pina Genio Pina Genio April 8/05 407-970-1088  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #