

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000087051

1. Entity Name
GENESIS FINANCIAL NETWORK INC.



Principal Place of Business
13339 CORTEZ BLVD.
BROOKSVILLE, FL 34613-4888

Mailing Address
13339 CORTEZ BLVD.
BROOKSVILLE, FL 34613-4888



02172004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3351272

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORNETT, PATRICIA A
13339 CORTEZ BLVD.
BROOKSVILLE, FL 34613-4888

**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, 2004 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
P
MAGUIRE, FLORENCE
11331 ORANGEWOOD CT
SPRING HILL, FL 34609

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
BUTLER, SHIRLEY
7239 COVENTRY CT.
WEEKI WACHEE, FL 34607

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
PASTORI, BETTY
11332 ORANGEWOOD CT
SPRING HILL, FL 34609

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
RYAN, MARY ANN
3442 MANILLA DR
SPRING HILL, FL 34607

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000088301
03/15/04-80046-010 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Florence Maguire

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/19/04 352 688-6424