## \_2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # P98000059346**

1. Entity Name GENESIS BUILDING CONTRACTORS, INC.

FILED
Feb 23, 2004 08:00 AM
Secretary of State

Principal Place of Business

12467 62ND STREET NORTH

SUITE 103 LARGO, FL 33773 Mailing Address

12467 62ND STREET NORTH

SUITE 103 LARGO, FL 33773

01222004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3528625 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

8, Name and Address of Current Registered Agent

LYONS, RANDY F 12467 62ND STREET NORTH STE. 103 LARGO, FL 33773

## DO NOT WRITE IN THIS SPACE

		1			in the control of the
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.				Opent elignature required when reinstating) DATE	
FILE NOWIE FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  Trust Fund Contribution.			ing []	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRE	CTORS		· · · · · · · · · · · · · · · · · · ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LYONS, RANDY 12467 62ND STREET NORTH, STE 1 LARGO, FL 33773	103 -	, , ,		000000061651 02/23/04-80030-003 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LYONS, DANETTE M 12467 62ND STREET NORTH, STE 1 LARGO, FL 33773	103		an the engineering of the second	02/23/04-80030-003 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS GITY-ST-TIP				IN -	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling 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 supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information in th					

12. Thereby certify that the information supplied with this filling 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.

CICMATIEDE.

TURE AND TYPED OR PRINTED NAME OF SKINNING OF FICER OR DIRECT

1 2/18/04

727-458-83.