

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90017 004 ***150.00

DOCUMENT # P99000052050

1. Entity Name

GENEVA HOLDINGS INC.



Principal Place of Business
1836 GRINNELL TERRACE
2600 WESTERN PARKWAY
WINTER PARK FL 32789

Mailing Address
1836 GRINNELL TERRACE
2600 WESTERN PARKWAY
WINTER PARK FL 32789

2. Principal Place of Business

1836 GRINNELL TERRACE

Suite, Apt. #, etc.

3. Mailing Address

1836 GRINNELL TERRACE

Suite, Apt. #, etc.

City & State

WINTER PARK FL

City & State

WINTER PARK FL

Zip

32789

Country

Zip

32789

Country

4. FEI Number

59-3580439

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HEYWORTH-DAVIS, SIMON J
2600 WESTERN PARKWAY
WINTER PARK FL 32787

7. Name and Address of New Registered Agent

Name

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

1836 GRINNELL TERRACE

City

WINTER PARK

FL

Zip Code

32789

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

Feb 23rd 04

FILE NOW!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

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
TS
HEYWORTH-DAVIS, SIMON J
2600 WESTERN PARKWAY
ORLANDO FL 32803

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MARK, F. GORDEN
3875 INDIAN RIVER DR.
COCOA FL 32922

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WARD, WILLIAM
2229 BUTLER BAY DR. N.
WINDERMERE FL 34786

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 20th 2004 **4075395776**

Date

Daytime Phone #