

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 31, 2004 8:00 am
Secretary of State

08-31-2004 90001 026 ***158.75

DOCUMENT # P99000076927

1. Entity Name

GENSYS CONSULTING SERVICES, INC.



Principal Place of Business

**7061 C S TAMIAN TR
SARASOTA, FL 34231**

Mailing Address

**7061 C S TAMIAN TR
SARASOTA, FL 34231**

54070918



07062004

No Chg-P

CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0944878

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GARDI, LES
7061 S. TAMIAMI TRAIL
SARASOTA, FL 34231-5559**

**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
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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
DEVENYI, GABOR
7061 S TAMIAMI TR
SARASOTA, FL 34231**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
KATHY DEVENYI
7061 S. TAMIAMI TR
SARASOTA, FL 34231**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #