

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000091638

Entity Name: GENESIS VENTURES TAXES, INC.**Current Principal Place of Business:**3260 BEACH BLVD
SUITE 2
JACKSONVILLE, FL 32207**Current Mailing Address:**PO BOX 23847
JACKSONVILLE, FL 32241 US**FEI Number: 46-1305150****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GOODWIN, LARRY W
3260 BEACH BLVD
SUITE 2
JACKSONVILLE, FL 32207 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	GOODWIN, LARRY W
Address	PO BOX 23847
City-State-Zip:	JACKSONVILLE FL 32241

Title	SEC
Name	GOODWIN, APRYL L
Address	PO BOX 23847
City-State-Zip:	JACKSONVILLE FL 32241

Title	TRE
Name	GOODWIN, LARRY W
Address	PO BOX 23847
City-State-Zip:	JACKSONVILLE FL 32241

Title	DIR
Name	GOODWIN, LARRY W
Address	PO BOX 23847
City-State-Zip:	JACKSONVILLE FL 32241

Title	VP
Name	GENESIS VENTURES TAXES, INC
Address	PO BOX 23847
City-State-Zip:	JACKSONVILLE FL 32241

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LARRY GOODWIN**PRESIDENT****01/04/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date