2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State
04-07-2004 90334 008 ***158.75

DOCUMENT # 373947

1. Entity Name
INVESTORS GUILD, INC.

Principal Place of Business	Mailing Address
321 NORTH LAKE BLVD. STE 201 NORTH PALM BCH, FL 33408 US	321 NORTH LAKE BLVD. STE 201 NORTH PALM BCH, FL 33408 US

14000743

04032004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
745 U.S. HWY ONE	
Suite, Apt. #, etc.: SUITE 305	Suite, Apt. #, etc.:
City & State: NORTH PALM BEACH, FLA	City & State:
Zip: 33408 Country: U.S.A.	Zip: Country:

4. FEI Number: 59-1707438 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAZEAU, PAUL M.
3166 LYCHEE ST
LAKE PARK, FL 33403

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LAZEAU, PAUL M. 321 NORTH LAKE BLVD. STE. 201 NORTH PALM BEACH, FL 33408 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 745 U.S. HWY ONE, SUITE 305 NORTH PALM BEACH, FL 33408, US
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST LAZEAU, PAUL, M 533 NORTHLAKE BLVD, STE 5 NORTH PALM BCH, FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 745 U.S. HWY ONE, SUITE 305 NORTH PALM BEACH, FL 33408, US
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	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.

PAUL M. LAZEAU, PRESIDENT
SIGNATURE: Paul M. Lazeau 4-3-04 (561) 863-5444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #