FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90380 004 ***158.75

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 373947

1. Entity Name
INVESTORS GUILD, INC.

14012097

Principal Place of Business	Mailing Address
745 U.S. HWY ONE STE 305 NORTH PALM BCH, FL 33408 US	745 U.S. HWY ONE STE 305 NORTH PALM BCH, FL 33408 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04032004 Chg-P CR2E034 (10/03)

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	PD	☐ Delete
NAME	LAZEAU, PAUL M..	
STREET ADDRESS	745 U.S. HWY ONE, STE 305	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	
TITLE	ST	☐ Delete
NAME	LAZEAU, PAUL, M	
STREET ADDRESS	745 U.S. HWY ONE, STE 305	
CITY-ST-ZIP	NORTH PALM BCH, FL 33408	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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TITLE		☐ Delete
NAME		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 4-28-05 (561) 863-5444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #