

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # F06000005713

1. Entity Name

GUARANTEED ASSET PROTECTION ALLIANCE, INC.



Principal Place of Business

204 SOUTH MONROE STREET  
TALLAHASSEE, FL 32301 US

Mailing Address

204 SOUTH MONROE STREET  
TALLAHASSEE, FL 32301 US

FILED

2008 APR 23 PM 2:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04162008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-4942020

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MEENAN, TIMOTHY J  
204 SOUTH MONROE STREET  
TALLAHASSEE, FL 32301

**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

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME BROOKS, R. STEVEN  
STREET ADDRESS 6303 BLUE LAGOON DR, SUITE 225  
CITY-ST-ZIP MIAMI, FL 33126

TITLE D  
NAME KEEPERS, THOMAS  
STREET ADDRESS 5710 MINERAL POINT RD  
CITY-ST-ZIP MADISON, WI 53701

TITLE D  
NAME PHILLIPS, SUZANNE  
STREET ADDRESS 1 AMERICAN ROAD  
CITY-ST-ZIP DEARBORN, MI 48126

TITLE D  
NAME WANDERON, ANTHONY  
STREET ADDRESS 1776 AMERICAN HERITAGE LIFE DRIVE  
CITY-ST-ZIP JACKSONVILLE, FL 322246688

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

100125337651  
04/24/08--01001--002 \*\*122.50

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, 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

R. Steven Brooks

Date

Daytime Phone #

(305) 266-5665 x. 1305