


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 23, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G94674</b> 1. Entity Name <b>NATIONWIDE GUARANTEE AND TRUST CORPORATION</b>					
Principal Place of Business <b>PO BOX 350730 GRAND ISLAND FL 32735 US</b>			Mailing Address <b>PO BOX 350730 GRAND ISLAND FL 32735 US</b>		
2. Principal Place of Business <b>C/O 1231 COUNTY RD. 452</b> Suite, Apt. #, etc.		3. Mailing Address <b>C/O 1231 COUNTY RD. 452</b> Suite, Apt. #, etc.			
City & State <b>EUSTIS, FL</b>		City & State <b>EUSTIS, FL</b>		4. FEI Number <b>59-2386173</b>	
Zip <b>32726-2622</b>	Country <b>US</b>	Zip <b>32726-2622</b>	Country <b>US</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
<b>SWIGERT, BRETT L</b> <b>531 N BAY ST</b> <b>EUSTIS FL 32726</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP <b>SCHLADETSCH, JACK T.</b> <b>C/O 1231 COUNTY RD. 452</b> <b>EUSTIS, FL 32726-2622</b>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE 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 changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE: <i>Jack T. Schladetsch</i></b>			<b>JACK T. SCHLADETSCH</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>01/21/2004</b> Daytime Phone # <b>352-669-8283</b>		



MOORE CR2E034 (11/03)

Applied For  
Not Applied

**FL** Zip Code

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