2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

02-02-2005 90076 040 ***150.00
G94674

FILED
05 FEB 17 PM 2: 14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1st MOORE CR2E034 (10/04)

DOCUMENT # G94674

1. Entity Name
NATIONWIDE GUARANTEE AND TRUST CORPORATION

Principal Place of Business	Mailing Address
PO BOX 350730 GRAND ISLAND FL 32735 US	PO BOX 350730 GRAND ISLAND FL 32735 US

2. Principal Place of Business		3. Mailing Address	
C/O 1231 COUNTY RD. 452		C/O 1231 COUNTY RD. 452	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: EUSTIS, FL		City & State: EUSTIS, FL	
Zip: 32726-2622	Country: LAKE	Zip: 32726-2622	Country: LAKE

4. FEI Number 59-2386173 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SWIGERT, BRETT L
531 N BAY ST
EUSTIS FL 32726

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, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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	DP SCHLADETSCH, JACK T. 16605 CLEVLAND LANE UMATILLA FL 32784 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCHLADETSCH. JACK T. C/O 1231 COUNTY RD. 452 EUSTIS, FL 32726-2622 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

2/17

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.

SIGNATURE: JACK T. SCHLADETSCH 01/26/2005 352-669-8283
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #