

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

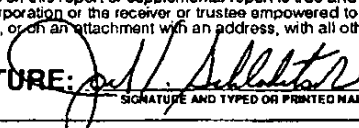
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E034 (10/04)

DOCUMENT # G94674					
1. Entity Name NATIONWIDE GUARANTEE AND TRUST CORPORATION					
Principal Place of Business PO BOX 350730 GRAND ISLAND FL 32735 US			Mailing Address PO BOX 350730 GRAND ISLAND FL 32735 US		
2. Principal Place of Business C/O 1231 COUNTY RD. 452			3. Mailing Address 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		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 _____ (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 \$5.00 May Be Trust Fund Contribution. ☐ Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OP SCHLADETSCH, JACK T. 16605 CLEVELAND 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	
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 #		