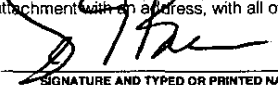


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90038 033 ***150.00

DOCUMENT # P01000058035 1. Entity Name GUARANTEED FINANCIAL SOLUTIONS, INC.					
Principal Place of Business 1053 OLD HICKORY ROAD JACKSONVILLE, FL 32207			Mailing Address 1053 OLD HICKORY ROAD JACKSONVILLE, FL 32207		
2. Principal Place of Business 1361 ST. ELMO DR. Suite, Apt. #, etc.		3. Mailing Address 1361 ST. ELMO DR. Suite, Apt. #, etc.			
City & State JACKSONVILLE, FL Zip 32207		City & State JACKSONVILLE, FL Zip 32207		Country USA	
4. FEI Number 59-3724931		Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLACKBURN, BRYAN E ESQ 1921 DEWEY PLACE JACKSONVILLE, FL 32207			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, 2004 Fee will be \$550.00		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	D BOWMAN, SEAN 1053 OLD HICKORY ROAD JACKSONVILLE, FL 32207 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWMAN, SEAN 1361 ST. ELMO DRIVE JACKSONVILLE, FL 32207 ☒ 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	
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	
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: 			SEAN E. BOWMAN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
Date 1/29/04			Daytime Phone # 904-333-3004		