


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 05, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000083722**

1. Entity Name  
**GUIST PROPERTIES, INC.**



Principal Place of Business      Mailing Address

**5 CROSSGATE CT**      **5 CROSSGATE CT**  
**PALM COAST, FL 32137**      **PALM COAST, FL 32137**

**DO NOT WRITE IN THIS SPACE**



01312006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**59-3745746**      Not Applicable

5. Certificate of Status Desired        **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GUIST, ROGER D**  
**5 CROSSGATE CT**  
**PALM COAST, FL 32137**

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement (or 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

U00000492771  
04/19/06-80078-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GUIST, ROGER D
STREET ADDRESS	5 CROSSGATE CT
CITY-ST-ZIP	PALM COAST, FL 32137
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE 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 supplementing 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 prepare 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 to this report, with all other like empowered.

SIGNATURE  **Roger D. Guist**      Date \_\_\_\_\_      Daytime Phone # **(386) 446-3695**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR