


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90028 046 ***150.00

DOCUMENT # P97000088005

1. Entity Name
EDWIN J. GUILLOT, P.A.



Principal Place of Business: **17929 CACHET ISLE, CORY LAKES ISLES TAMPA FL 33647-2703**

Mailing Address: **17929 CACHET ISLE, CORY LAKES ISLES TAMPA FL 33647-2703**


2. Principal Place of Business: **17951 CACHET ISLE**

3. Mailing Address: **17951 CACHET ISLE**

Suite, Apt. #, etc.

City & State: **Tampa, FL**

Zip: **33647-2703** Country



MOORE CR2E034 (11/03)

4. FEI Number: **59-3472712**

Applied For: Not Applicable

6. Name and Address of Current Registered Agent

GUILLOT, EDWIN J
~~17929 CACHET ISLE, CORY LAKES ISLES TAMPA FL 33647-2703~~

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

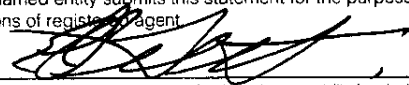
7. Name and Address of New Registered Agent

Name: **Edwin J. Guillot**

Street Address (P.O. Box Number is Not Acceptable): **17951 CACHET ISLE**

City: **Tampa** State: **FL** Zip Code: **33647-2703**

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:  **Edwin J. Guillot** DATE: **2 Feb 04**

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, 2004 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

TITLE	D <input type="checkbox"/> Delete
NAME	GUILLOT, EDWIN J
STREET ADDRESS	17951 CACHET ISLE, CORY LAKES ISLES
CITY-ST-ZIP	TAMPA FL 33647-2703
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Edwin J. Guillot** DATE: **2 Feb 04** Daytime Phone #: **813-986-7720**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR