## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 145859**

Address:

P.O. BOX 1303 N/A

City-St-Zip: KEYSTONE HTS, FL 32656

Entity Name: THE GUILD PRESS INC

FILED Jun 30, 2005 Secretary of State

Entity Na	me: THE GU	ILD PRESS, INC.		
Current Principal Place of Business:			New Principal Place	of Business:
	21ST STREE IVILLE, FL 32			
Current Mailing Address:			New Mailing Address:	
	21ST STREE VILLE, FL 32			
FEI Number	: 59-0542387	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	d Address of	Current Registered Agent:	Name and Address	of New Registered Agent:
P.O. BOX 5010-1 CC	DHN M., JR. 1303 DUNTY RD. 2 <sup>2</sup> NE HTS, FL 32			
	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
SIGNATU	RE:			
	Electro	nic Signature of Registered Ag	ent	Date
Election Ca	mpaign Financir	ng Trust Fund Contribution ( ).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PT ( SIKES, JOHN P.O. BOX 130 KEYSTONE H	3 N/A	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	V ( SIKES, MARIA P.O. BOX 130 KEYSTONE H	3 N/A	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	V ( HOLLOWAY, 3 1262 MENNA JACKSONVILI	STREET	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	V ( CUNNINGHAM 418 SUNSET JACKSONVILI	DRIVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name:	S ( SIKES, JOHN	) Delete M., III,	Title: Name:	( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: MARIAN M. SIKES V.PR 06/30/2005