

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 145859

FILED
Apr 21, 2008
Secretary of State

Entity Name: THE GUILD PRESS, INC.

Current Principal Place of Business:

447 EAST 21ST STREET
JACKSONVILLE, FL 322062201

New Principal Place of Business:

Current Mailing Address:

447 EAST 21ST STREET
JACKSONVILLE, FL 322062201

New Mailing Address:

FEI Number: 59-0542387

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIKES, JOHN M JR.
5010 COUNTY ROAD 214
KEYSTONE HTS, FL 32656 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: SIKES, JOHN M JR
Address: 5010 COUNTY ROAD 214
City-St-Zip: KEYSTONE HTS, FL 32656

Title: V () Delete
Name: SIKES, MARIAN M MS
Address: 5010 COUNTY ROAD 214
City-St-Zip: KEYSTONE HTS, FL 32656

Title: V () Delete
Name: HOLLOWAY, SHERRY S MS
Address: 1262 MENNA STREET
City-St-Zip: JACKSONVILLE, FL 32205

Title: V/S () Delete
Name: SIKES, JOHN M III
Address: 5010 COUNTY ROAD 214
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

SIGNATURE: MARIAN M SIKES

VP

04/21/2008

Electronic Signature of Signing Officer or Director

Date