

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90068 041 ***158.75

DOCUMENT # 182494

1. Entity Name

PAUL GUAGLIARDO, INC.



Principal Place of Business

330 PAUL'S DR.
BRANDON FL 33511
US

Mailing Address

PAUL GUAGLIARDO, INC.
566 RIVIERA DR
TAMPA FL 33606

40014130



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

330 PAUL'S DR.

Suite, Apt. #, etc.

City & State
BRANDON
FLORIDA

Zip
33511

Country
Hillsboro

3. Mailing Address

566 RIVIERA DR.

Suite, Apt. #, etc.

City & State
TAMPA, FL

Zip
33606

Country
Hillsboro

4. FEI Number

59-0729800

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GUAGLIARDO, JOSEPH L
566 RIVIERA DR
TAMPA FL 33606

7. Name and Address of New Registered Agent

Name
JOSEPH L. GUAGLIARDO

Street Address (P.O. Box Number is Not Acceptable)

566 RIVIERA DRIVE

City
TAMPA, FL

State
FL

Zip Code
33606

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

Joseph L. Guagliardo

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, 2005 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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
GUAGLIARDO, JOSEPH
566 RIVIERA DR
TAMPA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PS GUAGLIARDO
GUAGLIARDO, JOANN
566 RIVIERA DR.
TAMPA FL 33606 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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☐ 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:

Joseph L. Guagliardo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-31-05 813/251-5527