
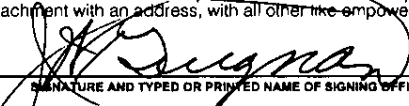


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2008 08:00 A
Secretary of State

DOCUMENT # 538749		
1. Entity Name GUIGNARD COMPANY		
Principal Place of Business 1904 BOOTHE CIR UNIT 5 LONGWOOD, FL 32750 US		Mailing Address 1904 BOOTHE CIR STE 5 LONGWOOD, FL 32750 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GUIGNARD, JACK 1904 BOOTHE CIR STE 5 LONGWOOD, FL 32750		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	DPTS	
NAME	GUIGNARD, JACK	
STREET ADDRESS	1904 BOOTHE CIRCLE, UNIT 5	
CITY-ST-ZIP	LONGWOOD, FL 32750	
TITLE	DV	
NAME	GUIGNARD, BRYCE R	
STREET ADDRESS	1904 BOOTHE CIRCLE, UNIT 5	
CITY-ST-ZIP	LONGWOOD, FL 32750	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 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 the empowered.		
SIGNATURE: 		3-14-08 407-834-0022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #



02182008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1748202	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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04/15/08-80021-019 150.00

**DO NOT WRITE
IN THIS SPACE**