## 2008 FOR PROFIT CORPORATION

## **FILED ANNUAL REPORT** Apr 14, 2008 08:00 Al Secretary of State **DOCUMENT # 673684** 1. Entity Name **GUYATT SALES AGENCY, INC.** Principal Place of Business Mailing Address 1933 GILBERT ST. 1933 GILBERT ST. CLEARWATER, FL 33765 CLEARWATER, FL 33765 01082008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2006153 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GUYATT JR., KENNETH R. DO NOT WRITE 1933 GILBERT ST. CLEARWATER, FL 33765 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE U00000895562 04/24/08-80073-002 150.00 NAME GUYATT JR., KENNETH R. STREET ADDRESS 1933 GILBERT ST. CITY-ST-ZIP CLEARWATER, FL 33765 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D NAME OF BIGHING OFFICER OR DIRECTOR