


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # F05000004746	
1. Entity Name GUARDIAN FINANCE COMPANY	

Principal Place of Business 2503 HILLIARD ROME RD HILLIARD, OH 43026	Mailing Address 2503 HILLIARD ROME RD HILLIARD, OH 43026
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DO NOT WRITE IN THIS SPACE



04012008 No Chg-P CR2E034 (11/05)

4. FEI Number 31-1639002	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C DELAWDER, C. DANIEL C/O PARK NATIONAL BANK 50 NORTH THIRD ST NEWARK, OH 43058
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TROUTMAN, DAVID C/O PARK NATIONAL BANK 50 NORTH THIRD ST NEWARK, OH 43058
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SNYDER, CHERYL C/O PARK NATIONAL BANK 50 NORTH THIRD ST NEWARK, OH 43058
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OSBORNE, EARL 2503 HILLIARD ROME RD HILLIARD, OH 43026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARSH, MATTHEW 2503 HILLIARD ROME RD HILLIARD, OH 43026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KOZAK, JOHN C/O PARK NATIONAL BANK 50 NORTH THIRD ST NEWARK, OH 43058

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04/17/08-80047-025 150.00

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 like empowered.

SIGNATURE: 	Date: 4-1-08	Daytime Phone #: 614-527-8710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		