

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2008 8:00 am
Secretary of State

04-03-2008 90027 020 ***150.00

DOCUMENT # F06000007364

1. Entity Name
GUIDESOFT, INC.



Principal Place of Business
8275 ALLISON POINTE TR., STE. 200
INDIANAPOLIS, IN 46250

Mailing Address
8275 ALLISON POINTE TR., STE. 200
INDIANAPOLIS, IN 46250

40058172



DO NOT WRITE IN THIS SPACE

03172008 No Chg-P CR2E034 (11/05)

4. FEI Number
35-1934449

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

JOYNER, VALERIE
19103 DOVE CREEK DR.
TAMPA, FL 33647

**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 _____

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, 2008 Fee will be \$550.00**

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	CPS BIELAWSKI, JULIE 8275 ALLISON POINTE TR., STE. 200 INDIANAPOLIS, IN 46250
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCVT BIELAWSKI, JOE 8275 ALLISON POINTE TR., STE. 200 INDIANAPOLIS, IN 46250
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY BELANGE, KATIE 8275 Allison Pointe Tr., Ste. 200 Indianapolis, IN 46250
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/08

Date

317 806 6197

Daytime Phone #