


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90035 019 ***158.75

DOCUMENT # G59897 1. Entity Name GUYS N' DOLLS OF BRANDON, INC.					
Principal Place of Business 809 W. BLOOMINGDALE AVE. BRANDON, FL 33511			Mailing Address 809 W. BLOOMINGDALE AVE. BRANDON, FL 33511		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2326169	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SHAFFER, ANN B 809 W. BLOOMINGDALE AVE. BRANDON, FL 33511			7. Name and Address of New Registered Agent Name BRYANT, GAIL Street Address (P.O. Box Number is Not Acceptable) 311 NW 33RD AVE City CAPE CORAL FL Zip Code 33993		
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 <i>Gail Bryant</i> DATE 3-21-05 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHAFFER, ANN B <input checked="" type="checkbox"/> Delete 506 ORANGE LAWN DR VALRICO, FL 33594		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BRYANT, GAIL 311 NW 33RD AVE CAPE CORAL FL 33993	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST <input type="checkbox"/> Delete GERENA, MINICA J 4620 OAK RIVER CIRCLE VALRICO, FL 33594		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Gerena, Monica 2136 HANSON ROAD DOVER FL 33527	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete SHAFFER, CARL G 506 ORANGE LAWN DRIVE VALRICO, FL 33594		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition RUSSELL THOMAS 311 NW 33RD AVE CAPE CORAL FLA 33993	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Gail Bryant</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 3/21/05 Daytime Phone # 813 685-1988		