


2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90401 011 \*\*\*150.00

<b>DOCUMENT # G91623</b>					
1. Entity Name <b>THE GUARDIAN GROUP, INC.</b>					
Principal Place of Business <b>5275 BIRMINGHAM DRIVE UNIT 101 NAPLES, FL 34110 US</b>			Mailing Address <b>5275 BIRMINGHAM DRIVE UNIT 101 NAPLES, FL 34110 US</b>		
2. Principal Place of Business		3. Mailing Address <i>P.O. Box 172633</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <i>MIAMI</i>		4. FEI Number <b>59-2411193</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <i>33017</i>		Country <i>DADE</i>		02272004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent <b>BARRETT, R. W. 5275 BIRMINGHAM DRIVE UNIT 101 NAPLES, FL 34110</b>			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BARRETT, R. W.	NAME			
STREET ADDRESS	575 BIRMINGHAM DRIVE, UNIT 101	STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34110	CITY-ST-ZIP			
TITLE	VSD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PAUL, STEVEN F.	NAME			
STREET ADDRESS	6067 N.W. 22 AVENUE	STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33496	CITY-ST-ZIP			
TITLE	VTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCHULTE, JAMES E.	NAME			
STREET ADDRESS	8072 S.W. 80TH AVENUE	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33143	CITY-ST-ZIP			
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SMITH, PETER D.	NAME			
STREET ADDRESS	2070 HILL-AND-DALE NORTH	STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE, FL 32311	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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>James E. Schulte</i>			Date: _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>JAMES E. SCHULTE</b>			Daytime Phone # <b>(305) 282-6361</b>		