

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H49041

Entity Name: FAMILY GUESTS, INC.

FILED
Jan 06, 2004
Secretary of State

Current Principal Place of Business:

2179 DODGE ST.
CLEARWATER, FL 34620

New Principal Place of Business:

Current Mailing Address:

5423 BAUMANN LANE
HOLIDAY, FL 34690

New Mailing Address:

FEI Number: 59-3090731

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SALCEDO, CRISOSTOMO U.
5047 BONITO DRIVE
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

SALCEDO, CRISOSTOMO U
5047 BONITO DRIVE
NEW PORT RICHEY, FL 34652 US

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.

SIGNATURE: CRISOSTOMO U. SALC EDO

01/06/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SALCEDO, CRISOSTOMO, U.
Address: 5047 BONITO DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: V () Delete
Name: SALCEDO, ZENaida
Address: 5047 BONITO DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SALCEDO, CRISOSTOMO U P
Address: 5047 BONITO DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: V (X) Change () Addition
Name: SALCEDO, ZENaida B VP
Address: 5047 BONITO DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34652

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRISOSTOMO U. SALCEDO

P

01/06/2004

Electronic Signature of Signing Officer or Director

Date