


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2007 8:00 am**  
**Secretary of State**

03-29-2007 90029 039 \*\*\*150.00

<b>DOCUMENT # J27809</b> 1. Entity Name <b>GUARANTY FINANCIAL SERVICES, INC.</b>			
Principal Place of Business <b>P.O. BOX 757</b> <b>ST. PETERSBURG, FL 33731 US</b>		Mailing Address <b>P.O. BOX 757</b> <b>ST. PETERSBURG, FL 33731 US</b>	
2. Principal Place of Business - No P.O. Box # <b>7106 YARDLEY WAY</b> Suite, Apt. #, etc.		3. Mailing Address <b>7106 YARDLEY WAY</b> Suite, Apt. #, etc.	
City & State <b>TAMPA, FLORIDA</b> Zip <b>33647</b> Country <b>USA</b>		City & State <b>TAMPA, FLORIDA</b> Zip <b>33647</b> Country <b>USA</b>	
4. FEI Number <b>59-2738505</b>		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GILLIAM, TODD B.</b> <b>7106 YARDLEY WAY</b> <b>TAMPA, FL 33647</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <b>GILLIAM, JERRY F</b> <b>P.O. BOX 757</b> <b>ST. PETERSBURG, FL 33731</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>P/D TODD GILLIAM</b> <b>7106 YARDLEY WAY</b> <b>TAMPA, FL 33647</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>S/T LINDA GILLIAM</b> <b>6556 DARTBROOK DR.</b> <b>DALLAS, TEXAS 75254</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>TODD GILLIAM</b> <b>3-27-07</b> <b>813-977-5451</b> <small>Date Daytime Phone #</small>	