2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K60657

Address:

City-St-Zip:

10645 FAWN DR

NEW PORT RICHEY, FL 34654 FL

FILED Mar 24, 2009 Secretary of State

Entity Nam	IE: GUARAN	NTEE ELEC	CTRIC, INC.				
Current Principal Place of Business:				New Principal Place of Business:			
10645 FAW NEW POR	'N DR ΓRICHEYY, F	FL 34654					
Current Mailing Address:					New Mailing Address:		
10645 FAWN DR NEW PORT RICHEYY, FL 34654					10645 FAWN DR NEW PORT RICHEY, FL 34654		
FEI Number:	59-2970767	FEI Num	ber Applied For ()	FEI Nun	nber Not Applicable()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
KENNEDY, PATRICIA S 10645 FAWN DR NEW PORT RICHEY, FL 34654 US				KENNEDY, PATRICIA S P 10645 FAWN DR NEW PORT RICHEY, FL 34654 US			
The above in the State	named entity of Florida.	submits th	is statement for the pu	ırpose o	f changing its registered o	ffice or registered agent, or both,	
SIGNATURE: PATRICIA S. KENNEDY					03/24/2009		
Electronic Signature of Registered Agent					Date		
Election Cam	paign Financin	g Trust Fun	d Contribution ().				
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P (KENNEDY, PA 10645 FAWN I NEW PORT RI	OR .	4654 US		Title: () Name: Address: City-St-Zip:	Change () Addition	
Title: Name: Address: City-St-Zip:	V (KENNEDY, DA' 10645 FAWN I NEW PORT RI	OR .	4654 US		Title: () Name: Address: City-St-Zip:	Change () Addition	
Title: Name:	S () KENNEDY, PA) Delete TRICIA S			Title: () Name:	Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Address:

City-St-Zip:

SIGNATURE: PATRICIA S. KENNEDY P 03/24/2009