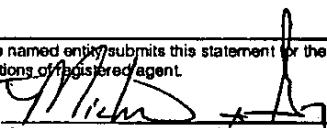
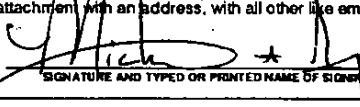


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90038 022 ***150.00

DOCUMENT # K91760 1. Entity Name GUY'S DIVERSIFIED, INC.					
Principal Place of Business 2820 THORNHILL RD WINTER HAVEN FL 33880 US			Mailing Address % MICHAEL A. GUY P.O. BOX 946 AUBURNDALE FL 33823		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-2956252				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GUY, MICHAEL A 2820 THORNHILL RD WINTER HAVEN FL 33880			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ 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  Michael A Guy Pres. DATE 2-2-05 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	P GUY, MICHAEL A 2830 THORNHILL RD WINTER HAVEN FL 33880	☐ Delete ☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP KING, LINDSAY H 157 LAGOON RD SE WINTER HAVEN FL 33884	☐ Delete ☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST GUY, DANIELLE 1880 AVE O SW WINTER HAVEN FL 33880	☐ Delete ☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	ST Willborn Danielle 4316 Larrys Lagoon Winter Haven FL 33884			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Change ☐ 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: 			Date 3/8/05 Daytime Phone # 863-967-9773		