2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K91760

Title:

Name:

Address:

City-St-Zip:

() Delete

WILBURN, DANIELLE

4316 LARRYS LAOPON

WINTER HAVEN, FL 33884

FILED Feb 15, 2008 Secretary of State

Entity Name: GUY'S DIVERSIFIED, INC.	
Current Principal Place of Business:	New Principal Place of Business:
2820 THORNHILL RD WINTER HAVEN, FL 33880 US	
Current Mailing Address:	New Mailing Address:
MICHAEL A. GUY P.O. BOX 946 AUBURNDALE, FL 33823	
FEI Number: 59-2956252 FEI Number Applied For () FEI Number	nber Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
GUY, MICHAEL A 2820 THORNHILL RD WINTER HAVEN, FL 33880 US	
2820 THORNHILL RD	f changing its registered office or registered agent, or both,
2820 THORNHILL RD WINTER HAVEN, FL 33880 US The above named entity submits this statement for the purpose of in the State of Florida. SIGNATURE:	f changing its registered office or registered agent, or both,
2820 THORNHILL RD WINTER HAVEN, FL 33880 US The above named entity submits this statement for the purpose of in the State of Florida.	f changing its registered office or registered agent, or both, Date
2820 THORNHILL RD WINTER HAVEN, FL 33880 US The above named entity submits this statement for the purpose of in the State of Florida. SIGNATURE:	
2820 THORNHILL RD WINTER HAVEN, FL 33880 US The above named entity submits this statement for the purpose of in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent	
2820 THORNHILL RD WINTER HAVEN, FL 33880 US The above named entity submits this statement for the purpose of in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Election Campaign Financing Trust Fund Contribution ().	Date

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: LINDSAY KING VΡ 02/15/2008

() Change () Addition