2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# L04000082827

Entity Name: DANIEL L. GUITER PROFESSIONAL SERVICES LLC

Current Principal Place of Business:

6200 MUNSON HWY
SUITE B
MILTON, FL 32570 US

New Principal Place of Business:

Current Mailing Address:

6200 MUNSON HWY
SUITE B
MILTON, FL 32570 US

New Mailing Address:

362 GULF BREEZE PKWY #143
GULF BREEZE, FL 32561 US

FEI Number: 20-1933132 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GUITER, DANIEL L
6200 MUNSON HWY
SUITE B
MILTON, FL 32570 US

Name and Address of New Registered Agent:

GUITER, DANIEL L
362 GULF BREEZE PKWY # 143
GULF BREEZE, FL 32561 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: _____ 04/29/2005
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: CLAMP, ROBERT W
Address: 13428 VALERIE DR
City-St-Zip: PENSACOLA, FL 32507 US

Title: MGR ( ) Delete
Name: GUITER, DANIEL L
Address: 6200 MUNSON HWY - SUITE B
City-St-Zip: MILTON, FL 32570 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change ( ) Addition
Name: GUITER, DANIEL L
Address: 362 GULF BREEZE PKWY # 143
City-St-Zip: GULF BREEZE, FL 32561 US

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DANIEL L. GUITER MR. 04/29/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date