

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2004 08:00 AM
Secretary of State

DOCUMENT # M74870 1. Entity Name CAPITOL GUARANTY HOLDING CORPORATION	
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Principal Place of Business 4334 E. TRADEWINDS AVENUE LAUDERDALE-BY-THE-SEA, FL 33308	Mailing Address 4334 E. TRADEWINDS AVENUE LAUDERDALE-BY-THE-SEA, FL 33308
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DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0115974	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SORENSEN, EVERETT 4334 E TRADEWINDS AVE LAUDERDALE BY THE SEA, FL 33308

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IN THIS SPACE

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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE _____
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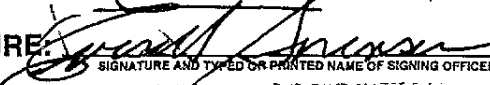
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD SORENSEN, EVERETT 4334 E. TRADEWINDS AVENUE LAUDERDALE BY-THE-SEA, FL 33308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD COBB, KEITH D 2521 DEL LARGO DRIVE FORT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SORENSEN, GREGORY PO BOX 599 HORSHAM, PA 19044
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BEGGS, WILLIAM F 2929 E COMMERCIAL BLVD FORT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GASSER, BARBARA 4604 BOUGAINVILLE DRIVE LAUDERDALE BY THE SEA, FL 33308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOHNSON, OSCAR K 9 S.E. 11TH AVENUE POMPANO BEACH, FL 33060

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01/16/04-80021-006 150.00

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 	EVERETT SORENSEN	1/13/04	954-491-5289
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #