

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2005 08:00 AM
Secretary of State

DOCUMENT # M74870

1. Entity Name
CAPITOL GUARANTY HOLDING CORPORATION



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**



04052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0115974

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SORENSEN, EVERETT
4334 E TRADEWINDS AVE
LAUDERDALE BY THE SEA, FL 33308**

**DO NOT WRITE
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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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**

UN00000293091
04/08/05-80015-014 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, without other like empowered.

SIGNATURE: **EVERETT SORENSEN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-6-05 954-491-5289