

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003701

FILED
Feb 03, 2005
Secretary of State

Entity Name: GUARDIAN ARMS, INC.

Current Principal Place of Business:

4331 OLD DOMINION DR.
ORLANDO, FL 32812

New Principal Place of Business:

Current Mailing Address:

3714 GATLIN RIDGE DR
ORLANDO, FL 328127760

New Mailing Address:

FEI Number: 59-3659919

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NISI, FRANK P JR.
2003 LAKE HOWELL LN., STE. 101
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: NEWBANKS, MARY
Address: 4331 OLD DOMINION DR.
City-St-Zip: ORLANDO, FL 32812

Title: PD () Delete
Name: BUCHBINDER, MARY ANN
Address: 3714 GATLIN RIDGE DR.
City-St-Zip: ORLANDO, FL 32812

Title: D () Delete
Name: NEWBANKS, G. M.
Address: 7871 NW 170 ST.
City-St-Zip: HIALEAH, FL 33015

Title: D () Delete
Name: NEWBANKS, W. M.
Address: 16820 SW 52 PLACE
City-St-Zip: FORT LAUDERDALE, FL 33330

Title: VTD () Delete
Name: NEWBANKS, RICARDO
Address: 4331 OLD DOMINION DR.
City-St-Zip: ORLANDO, FL 32812

Title: D () Delete
Name: BUCHBINDER, STEVEN
Address: 4331 OLD DOMINION DR.
City-St-Zip: ORLANDO, FL 32812

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY ANN BUCHBINDER

PRES

02/03/2005

Electronic Signature of Signing Officer or Director

Date