

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N05000011829**

1. Entity Name  
**GUYS WITH TIES, INC.**



Principal Place of Business  
**% GRAYROBINSON, P.A. - JOSEPH D ORT**  
**301 E PINE ST - STE 1400**  
**ORLANDO, FL 32801**

Mailing Address  
**% GRAYROBINSON, P.A. - JOSEPH D ORT**  
**301 E PINE ST - STE 1400**  
**ORLANDO, FL 32801**



01252007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>03-0574835</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**ORT, JOSEPH D**  
**% GRAYROBINSON, P.A.**  
**301 E PINE ST - STE 1400**  
**ORLANDO, FL 32801**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee Is \$61.25**  
**Due by May 1, 2007**

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	COBD JONES, ANDREW % JOSEPH D ORT - 301 E PINE ST - STE 1400 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ORT, JOSEPH D % JOSEPH D ORT - 301 E PINE ST - STE 1400 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DEMING, RYAN % JOSEPH D ORT - 301 E PINE ST - STE 1400 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SVOBODA, ANDREW % JOSEPH D ORT - 301 E PINE ST - STE 1400 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CLEMENTS, PRESTON % JOSEPH D ORT - 301 E PINE ST - STE 1400 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAIN, JEDEDIAH % JOSEPH D ORT - 301 E PINE ST - STE 1400 ORLANDO, FL 32801

U00000607005  
01/31/07-80020-002 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ **1-25-06** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #