

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000024536

1. Entity Name
GUARDIAN FINANCIAL SERVICES, INC.



Principal Place of Business
187 S. ATLANTIC AVE.
ORMOND BCH, FL 32176

Mailing Address
187 S. ATLANTIC AVE.
ORMOND BCH, FL 32176



03262008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3706598

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KULZER, JAMES F
187 S. ATLANTIC AVE.
ORMOND BCH, FL 32176

**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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000915674
05/09/08-80023-023 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KULZER, JAMES F
STREET ADDRESS	187 S. ATLANTIC AVE.
CITY - ST - ZIP	ORMOND BCH, FL 32176
TITLE	D
NAME	MCGINNIS, SANDRA
STREET ADDRESS	187 S. ATLANTIC AVE.
CITY - ST - ZIP	ORMOND BEACH, FL 32176
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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 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:

Sandi McGinnis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-18-08 (386)677-2331