

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90008 002 ***158.75

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1. Entity Name

GUAJARDO & SON, INC.



Principal Place of Business

12210 BALM RIVERVIEW RD
RIVERVIEW FL 33569
US

Mailing Address

P.O. BOX 1708
RIVERVIEW FL 33568

40006699



1st MOORE CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3631214

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GUAJARDO, ROBERTO SR.
12210 BALM RIVERVIEW RD
RIVERVIEW FL 33569

33569

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CFO ☐ Delete
NAME GUAJARDO, ROBERTO SR.
STREET ADDRESS 12210 BALM RIVERVIEW RD
CITY-ST-ZIP RIVERVIEW FL 33569

TITLE COO ☐ Delete
NAME GUAJARDO, DONNA M
STREET ADDRESS 12210 BALM RIVERVIEW RD
CITY-ST-ZIP RIVERVIEW FL 33569

TITLE OM ☐ Delete
NAME GUAJARDO, ROBERTO JR.
STREET ADDRESS 12210 BALM RIVERVIEW RD
CITY-ST-ZIP RIVERVIEW FL 33569

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Chief Executive Officer ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP Same

TITLE Chief Operations Manager ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP Same

TITLE Office Supervisor ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP Same

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Donna M Guajardo Donna M Guajardo 01-19-05 813671-5334

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #