2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005
Secretary of State

DOCUMENT# P00000080507

Entity Name: GUARDIAN AND ADMINISTRATIVE SERVICES, INC.

Current Principal Place of Business:

6451 BRIARWOOD TERRACE
FT MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

6451 BRIARWOOD TERRACE
FT MYERS, FL 33912

New Mailing Address:

FEI Number: 65-1044096 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHMIDT, ELAINE
6451 BRIARWOOD TERRACE
FT MYERS, FL 33912 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SCHMIDT, ELAINE
Address: 6451 BRIARWOOD TERRACE
City-St-Zip: FT MYERS, FL 33912

Title: V ( ) Delete
Name: SCHMIDT, JOSEPH W
Address: 6451 BRIARWOOD TERRACE
City-St-Zip: FT MYERS, FL 33912

Title: S ( ) Delete
Name: LOWE, MARY
Address: 462 DAWN DRIVE
City-St-Zip: FT MYERS, FL 33903

Title: T ( ) Delete
Name: WALTERREIT, DEBBIE
Address: 4102 SW 14TH AVE
City-St-Zip: CAPE CORAL, FL 33914

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

SIGNATURE: ELAINE SCHMIDT P 04/14/2005

Electronic Signature of Signing Officer or Director — Date