## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 21, 2008 08:00 All Secretary of State

ANNUAL REPORT				Apr 21, 2008 08:		
1. Entity Name	MENT # P01000043 N J. GUINAN ENTERPRISE				Secre	tary of S
Principal Place 177 US HWY. TEQUESTA, F	1, STE. 278	Mailing Address MR. STEVE GULNAN 11140 162ND PL NO. JUPITER, FL 33478-6141		] 		18 18 318 <b>1</b> 118 11 11 11 11 1
D	O NOT WRITE	IN THIS SPA	CE	01232008 No Ch	)	(11/05)  Applied For
· · ·	6. Name and Address of Current R			65-1099014  5. Certificate of Status D		Not Applicable  .75 Additional  Required
GUINAN, STEPHEN J 11140 162ND PL NO. JUPITER, FL 33478  8. The above named entity submits this statement for the purpose of changing its registered of				•	SPACE	
SIGNATURE_	ons of registered agent, Signature, hyped or ounted name of registered agent an	nd lille if applicable (NOTE: Registers	ed Agent signature required	when renstating)	DATE	· · · · · · · · · · · · · · · · · · ·
	NOW!!! FEE IS \$150.00 by 1, 2008 Fee will be \$550.0	9. Election Campaign Final Trust Fund Contribution.		00 May Be ed to Fees		
10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	OFFICERS AND D D GUINAN, STEPHEN J 11140 162 PL NO. JUPITER, FL 33478	PRECTORS			U00000908461 06/08-80031	023 150 <b>.</b> 00,
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP			,	DO NOT IN THIS	WRITE SPACE	

12. It hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, if 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 optrustee 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: \_

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daylime Phone #