2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000109499

1. Entity Name
GUARDIAN ADJUSTORS CORPORATION

Principal Place of Business	Mailing Address
9239 EMILY CIRCLE LAKE WORTH, FL 33467	9239 EMILY CIRCLE LAKE WORTH, FL 33467

07022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1153599
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$6.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BONFANTE, CHARLES
9239 EMILY CIRCLE
LAKE WORTH, FL 33467

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7. 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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstated)

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$6.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BONFANTE, CHARLES
STREET ADDRESS	9239 EMILY CIRCLE
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	DST
NAME	BONFANTE, ALICE
STREET ADDRESS	9239 EMILY CIRCLE
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UD00001163706
07/07/04-80013-010 150.00

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11. 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: Charles Bonfante 7/2/04 (561)6419070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #