2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02G00022647

1. Entity Name
LINDA D. GUYETTE, P.A.

Principal Place of Business	Mailing Address
1631 ST. PAULS DR. CLEARWATER, FL 33764	1631 ST. PAULS DR. CLEARWATER, FL 33764

DO NOT WRITE IN THIS SPACE

01242004   No Chg-P   CR2E034 (10/03)

4. FEI Number
02-0553944

Applied
Not App

5. Certificate of Status Desired ☐ $8.75 Additior Fee Required

6. **Name and Address of Current Registered Agent**

GUYETTE, LINDA D
1631 ST. PAULS DR
CLEARWATER, FL 33764

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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 a 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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	GUYETTE, LINDA D
STREET ADDRESS	1631 ST. PAULS DRIVE
CITY-ST-ZIP	CLEARWATER, FL 33764
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/16/04-80008-001 150.00

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IN THIS SPACE

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 informat 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 dire 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Linda D Guyette PA.