


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90204 027 ***150.00

DOCUMENT # P02000049694			
1. Entity Name ANTHONY DAVID GUIDO, INC.			
Principal Place of Business 4561 PALEY RD. PORT SAINT LUCIE FL 34953		Mailing Address 4691 SW NACKMAN TERR PORT ST LUCIE FL 34953	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. 4651 PALEY RD		Suite, Apt. #, etc. 4651 PALEY RD	
City & State PORT ST LUCIE FLA.		City & State PORT ST LUCIE FLA.	
Zip 34953	Country PORT ST LUCIE	Zip 34953	Country PORT ST LUCIE
6. Name and Address of Current Registered Agent GUIDO, ANTHONY D 4691 SW NACKMAN TERR PORT ST LUCIE FL 34953		7. Name and Address of New Registered Agent 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 ANTHONY D GUIDO DATE 3-14-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUIDO, ANTHONY D 4691 SW NACKMAN TERR PORT ST LUCIE FL 34953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ANTHONY GUIDO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4651 PALEY RD. PORT ST LUCIE FLA 34953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **ANTHONY D GUIDO**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-04

Date

Daytime Phone #