


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90252 009 ***150.00

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1. Entity Name
ABC GUEST RENTALS, INC.

Principal Place of Business
149 N.E. 2ND AVENUE
DELRAY BEACH, FL 33444

Mailing Address
149 N.E. 2ND AVENUE
DELRAY BEACH, FL 33444



04302004 No Chg-P CR2E034 (10/03)

4. FEI Number 03-0459930	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOLPH, STEVEN D
149 N.E. 2ND AVE.
DELRAY BEACH, FL 33444

PLEASE NOTE: DEPT OF CORPORATIONS
HAD REGISTERED AGENT NAME MIS
SPELLED. YOUR RECORDS HAD:
GOLPH. CORRECT SPELLING SHOULD
BE: GOLEM AS ADJUSTED @ LEFT.

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: STEVEN D. GOLEM DATE: 4/30/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

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 NAME STREET ADDRESS CITY-ST-ZIP	GOLPH, STEVEN D 10930 HAYDN DRIVE BOCA RATON, FL 33498
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: STEVEN D. GOLEM DATE: 4/30/04 DAYTIME PHONE: 561-276-8155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR