

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90073 001 ***150.00

DOCUMENT # P02000055905

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



2. Principal Place of Business

916 S.E. 5TH AVE.

3. Mailing Address

916 S.E. 5TH AVE.

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

1st MOORE

CR2E034 (10/04)

City & State

DELRAY BEACH, FL.

City & State

DELRAY BEACH, FL.

4. FEI Number

03-0459930

Applied For.

Not Applicable

Zip

33483

Country

PALESTINE

Zip

33483

Country

PALESTINE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

N/A (Same: STEVEN D. GOLEM)

Street Address (P.O. Box Number is Not Acceptable)

916 S.E. 5TH AVE.

City

DELRAY BEACH

FL

Zip Code

33483

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/26/05

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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
GOLEM, STEVEN D
10930 HAYDN DRIVE
BOCA RATON FL 33498 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ 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:

[Signature] STEVEN D. GOLEM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 26, 2005 (561)276-8155

Date

Daytime Phone #