

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 09, 2006 8:00 am**  
**Secretary of State**

05-09-2006 90071 021 \*\*\*150.00

DOCUMENT # P02000055905

1. Entity Name

ABC GUEST RENTALS, INC.



Principal Place of Business

916 SE 5TH AVE  
DELRAY BEACH FL 33483

Mailing Address

916 SE 5TH AVE  
DELRAY BEACH FL 33483



2. Principal Place of Business

1855 S.W. 4TH AVE

Suite, Apt. #, etc.

Bay B23, B24

City & State

DELRAY BEACH, FL

Zip  
33483

Country

U.S.A.

3. Mailing Address

1855 S.W. 4TH AVE

Suite, Apt. #, etc.

Bay B23, B24

City & State

DELRAY BEACH, FL

Zip  
33483

Country

U.S.A.

1st MOORE

CR2E034 (10/05)

4. FEI Number

03-0459930

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GOLEM, STEVEN D  
916 SE 5TH AVE  
DELRAY BEACH FL 33483

7. Name and Address of New Registered Agent

Name GOLEM, STEVEN D.

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

1855 S.W. 4TH AVE, Bay B23, B24

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]*

STEVEN D. GOLEM  
OWNER

(NOTE: Registered Agent signature required when reconstituting)

4/30/06

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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		<input type="checkbox"/> Delete
NAME	GOLEM, STEVEN D	
STREET ADDRESS	10930 HAYDN DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 an officer like empowered.

SIGNATURE:

*[Signature]* (STEVEN D. GOLEM) OWNER

Date

4/30/06 (561) 276-8155

Daytime Phone #