

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90007 001 ***150.00

DOCUMENT # P03000004309

1. Entity Name
GUZMAN TITLE RESEARCH, INC.



Principal Place of Business
**4726 OAKLEY ROAD
NORTH PORT, FL 34286-2353**

Mailing Address
**4726 OAKLEY ROAD
NORTH PORT, FL 34286-2353**

54000700



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01182004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
82-0579316

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LANGDON, ALLEN E
125 FIRST AVENUE
NOKOMIS, FL 34275**

Name **Allen E. Langdon, Ph.D.**

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

125 First Avenue

City **Nokomis**

FL **34275-4242**

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

Allen E. Langdon, Ph.D.

January 16, 2004

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **GUZMAN, SANDRA S**
STREET ADDRESS **4726 OAKLEY ROAD**
CITY-ST-ZIP **NORTH PORT, FL 342862353**

TITLE **DPST** ☒ Change ☐ Addition
NAME **Guzman, Sandra S.**
STREET ADDRESS **4726 Oakley Road**
CITY-ST-ZIP **North Port, FL 34286-2353**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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:

Sandra S Guzman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 16, 2004

Date

(941) 423-5299

Daytime Phone #