


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2007 8:00 am
Secretary of State

05-22-2007 90016 005 ***150.00

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|--|--|---|---|--|--|
| 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 | | |
| 2. Principal Place of Business - No P.O. Box # 23331 Duchess Ave | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State Port Charlotte FL | | City & State FL | | 4. FEI Number 82-0579316 | |
| Zip 33954 | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HECKIN, JOHN C 21202 - 2 OLEAN BLVD PORT CHARLOTTE, FL 33952 | | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | | 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 | DPST GUZMAN, SANDRA S 4726 OAKLEY ROAD NORTH PORT, FL 342862353 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | I apologize for sending this late - I is moved very recently and it just got mislaid. | |
| 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 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 all other like empowered. | | | | | |
| SIGNATURE: <u>Sandy Guzman</u> | | | Date <u>4-30-07</u> Daytime Phone # <u>941 380 3690</u> | | |