


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90013 005 ***150.00

DOCUMENT # P03000009816 1. Entity Name GUARANTEE TRUST MORTGAGE COMPANY, INC.			
Principal Place of Business 523 S. TAMiami TRAIL VENICE, FL 34285		Mailing Address 523 S. TAMiami TRAIL VENICE, FL 34285	
2. Principal Place of Business 1800 2nd St. Suite, Apt. #, etc. 705 City & State SARASOTA FL Zip 34236		3. Mailing Address 1800 2nd St. Suite, Apt. #, etc. 705 City & State SARASOTA Zip 34236	
Country USA		Country USA	
4. FEI Number 81-0597783		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DWORSKY, FREDRIC J. 523 S. TAMiami TRAIL VENICE, FL 34285		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1800 2nd Street Suite 705 City SARASOTA	
State FL		Zip Code 34236	
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 <u><i>Frederic J. Dworsky</i></u> 7-7-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Frederic Dworsky 1125 Kingsway Dr Nokomis FL	<input type="checkbox"/> Delete	Pres/Tres
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kana Keller 3056 Concord Road Venice FL 34293	<input type="checkbox"/> Delete	SEC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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 <u><i>Frederic J. Dworsky</i></u> 7-7-04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

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