

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 8:00 am
Secretary of State

03-21-2008 90014 025 ***150.00

DOCUMENT # P03000115409 1. Entity Name B. GUTHRIE CONSTRUCTION, INC.			
Principal Place of Business 1503 INVERNESS COURT LYNN HAVEN, FL 32444 US		Mailing Address 1503 INVERNESS COURT LYNN HAVEN, FL 32444 US	
2. Principal Place of Business - No P.O. Box # 3712 MILLSTONE CT.		3. Mailing Address 3712 MILLSTONE CT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State LYNN HAVEN, FL		City & State LYNN HAVEN, FL	
Zip 32444		Zip 32444	
Country USA		Country USA	
4. FEI Number 52-2414379		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 GUTHRIE, BRIAN 1503 INVERNESS COURT LYNN HAVEN, FL 32444		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 P	NAME GUTHRIE, BRIAN	<input type="checkbox"/> Delete	
STREET ADDRESS 1503 INVERNESS COURT	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY - ST - ZIP LYNN HAVEN, FL 32444			
TITLE S.T	NAME GUTHRIE, JACQUELINE	<input type="checkbox"/> Delete	
STREET ADDRESS 1503 INVERNESS COURT	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY - ST - ZIP LYNN HAVEN, FL 32444			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY - ST - ZIP 			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY - ST - ZIP 			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY - ST - ZIP 			
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>Brian Guthrie</u> Brian Guthrie <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3/18/08 <small>Date</small>	
		850-814-9208 <small>Daytime Phone #</small>	

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