

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2007 8:00 am
Secretary of State

02-06-2007 90009 044 ***150.00

DOCUMENT # P03000119722

1. Entity Name
GUILFORD, DRIGGERS & ASSOCIATES, INC.



Principal Place of Business
3320 COUNTY ROAD 386
PORT ST. JOE, FL 32456 US

Mailing Address
P. O. BOX 13818
MEXICO BEACH, FL 32410 US

2. Principal Place of Business - No P.O. Box #
522 1st St Suite B
Suite, Apt. #, etc.
Port St. Joe, FL

3. Mailing Address
P.O. Box 725
Suite, Apt. #, etc.

01292007 Chg-P CR2E034 (12/06)



City & State
Port St. Joe FL

City & State
Port St. Joe FL

4. FEI Number
56-2421345

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
GUILFORD, WILLIAM J
3320 COUNTY ROAD 386
PORT ST. JOE, FL 32456

7. Name and Address of New Registered Agent
Name
Thomas M. Driggers
Street Address (P.O. Box Number is Not Acceptable)
522 1st St
City
Port St. Joe FL Zip Code
32456

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 Thomas M. Driggers DATE 1/30/07
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUILFORD, WILLIAM J		NAME		
STREET ADDRESS	932 N. 15TH STREET		STREET ADDRESS		
CITY - ST - ZIP	MEXICO BEACH, FL 32456		CITY - ST - ZIP		
TITLE	PSTD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRIGGERS, THOMAS M		NAME		
STREET ADDRESS	114 S. 36TH STREET		STREET ADDRESS		
CITY - ST - ZIP	MEXICO BEACH, FL 32456		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	JACKIE A Driggers	
STREET ADDRESS			STREET ADDRESS	112 S 36th	
CITY - ST - ZIP			CITY - ST - ZIP	MEXICO BEACH, FL 32410	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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: Thomas M. Driggers DATE 1/30/07 850-229-1549
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #