


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90380 049 ***150.00

DOCUMENT # P04000000490

1. Entity Name
GUZELCE PACIFIC, INC.



Principal Place of Business
**2218 UNIVERSITY MAIL UNIT
 TAMPA, FL 33612**

Mailing Address
**14210 CYBER PLACE #304
 TAMPA, FL 33613**

2. Principal Place of Business
2218 UNIVERSITY MALL


3. Mailing Address
14210 CYBER PL.

Suite, Apt. #, etc.
UNIT K Suite, Apt. #, etc.
apt. # 303

City & State
TAMPA FL. City & State
TAMPA FL.

Zip
33612 Country
USA Zip
33613 Country
USA

77070013



04262004 Chg-P CR2E034 (10/03)

4. FEI Number **41-2021442** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**LYONS, GARY W
 311 SOUTH MISSOURI AVENUE
 CLEARWATER, FL 33756**

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD GUZELCE, BUGRA 14210 CYBER PLACE #304 TAMPA, FL 33613 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT GUZELCE, BUGRA 14210 CYBER PL. # 303 TAMPA FL. 33613 <input checked="" 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"/> Change <input type="checkbox"/> Addition
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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, in an address, with all other like empowered.

SIGNATURE: _____ **04/20/04** **(813) 977-7658**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #