2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000010599

1. Entity Name

FILED May 01, 2007 8:00 am Secretary of State 05-01-2007 90008 039 ***150.00

Step	DONALD GUYNN INC				
Suite, Apit. #, etc. Suite, Apit. #, etc.	262 SW GUYNN CT	262 SW GUYNN CT	1		
City & State Country Country Country Country Country Country Country Country Sine Address of Country Count	Principal Place of Business - No P.O. Box #	3. Mailing Address			
Zip Country Zip Country S. Certificate of Status Disparce \$8.75 Additional Fee Polyalization \$8.75 Additional Fee Poly \$8.75 Additional Fee Polyalization \$8.75 Additional Fee Pol	Suite, Apt. #, etc.	Suite, Apt. #, etc.		04192007 Chg-P CR2E034 (12/06)	
S. Certificates of Status Departed Fee Required S. Certificates of Status Departed Fee Required S. Certificates of New Registered Agent Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)		City & State			
Name Name Sirest Address (P.O. Box Number is Not Acceptable) Sirest Address (P.O. Box Number is Not Acceptable)			Country	Fee Required	
GUYNN; DOTALD 262 SW GUYNN CT FORT WHITE, FL 32038 Sireet Address (P.O. Box Number is Not Acceptable) City FL Zip Code 6. This above marked analy 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 FILE NOWITH FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 10. 47 OFFICERS AND DIRECTORS Trust Fund Contribution. Deele ITTLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 I ITTLE Deele ITTLE MANE SIRET ADDRESS SIRET ADD	6. Name and Address of Current	Registered Agent	Ness	7. Name and Address of New Registered Agent	
Sired Address (P.O. Box Number is Not Acceptable)	GUYNN DOMALD		ivame		
8. The above harkest entity submits this statument for the purpose of changing its registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE Signature. In July 10 printed numeral immandered agent and supplicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Foe will be \$550.00 PS. Election Campaign Financing	262 SW GUYNN CT		Street Address	s (P.O. Box Number is Not Acceptable)	
B. The above rehabed onthis submits his 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 Segretary to present with a statement like it is agreement. FILE NOWIT! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Trust Fund Contribution. 10	₹ ₩				
SIGNATURE Septiment and part interest agent until the dispensable (NOTE Three-see Agent agent area the engineer and part interest agent until the dispensable (NOTE Three-see Agent agent area the engineer area the engin			'	FL	
Post					
Added to Fees 10.	SIGNATURE Signature, Ivality or printed name of registered agent	and little if applicable (NOTE fleq	gisterac Agent signature require	rect when renstating) DATE	
TITLE Delete TITLE Delete TITLE Delete TITLE Delete Delete TITLE Delete	After May 1, 2007 Fee will be \$550.		Financing \$5	5.00 May Be dided to Fees	
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12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes, I further certify that the information	NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP	1	

Indicated on this report or supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. Further certify that the information indicated on this report or suppliemental 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 of sustee 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 of the proposered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #