

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 17, 2005 8:00 am**  
**Secretary of State**

05-17-2005 90013 004 \*\*\*150.00

DOCUMENT # P04000012537

1. Entity Name

GUYRON INC.



Principal Place of Business

508 CANDLER AVE  
ORLANDO FL 32835

Mailing Address

508 CANDLER AVE  
ORLANDO FL 32835

2. Principal Place of Business

SCORES PUB+GRILL

3. Mailing Address

6590 OLD WINTER GDN RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO

City & State

FLORIDA

Zip

32835

Country

ORANGE

Zip

32835

Country

ORANGE

4. FEI Number

450532258

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

1st MOORE

CR2E034 (10/04)



6. Name and Address of Current Registered Agent

SATTAUR, RONALD A  
508 CANDLER AVE  
ORLANDO, FL 32835

7. Name and Address of New Registered Agent

Name

RONALD A SATTAUR

Street Address (P.O. Box Number is Not Acceptable)

508 CANDLER AVE

City

ORL.

FL

Zip Code

32835

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

*[Signature]*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

5/10/05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME SATTAUR, RONALD A  
STREET ADDRESS 508 CANDLER AVE  
CITY-ST-ZIP ORLANDO FL 32835 ☐ Delete

TITLE U.P.  
NAME RONALD A SATTAUR  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE S+T  
NAME RONALD A SATTAUR  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-01-05 407-578-9138

Date

Daytime Phone #