2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Mar 14, 2006 8:00 am Secretary of State DOCUMENT # P04000012537 1. Entity Name 03-14-2006 90019 015 \*\*\*150.00 **GUYRON INC** Mailing Address Principal Place of Business SCORES PUB & GRILL 6570 OLDWINTER GDN RD ORLANDO FL 32835 SCORES PUB & GRILL 6570 OLDWINTER GDN RD ORLANDO FL 32835 2. Principal Place of Business 3. Mailing Address 508. S.CANDLER AVE 6590 OLD WINTER GAN. RD uite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 45-0532258 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired ORANGE. Fee Required ORANGE 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SAME SATTAUR, RONALD A Street Address (P.O. Box Number is Not Acceptable) **508 CANDLER AVE** ORLANDO, FL 32835 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 Signature, typed or printed name of requirered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Election Campaign Financing After May-1, 2006 Fee Will Be \$550.00-Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE ☐ Change ■ Addition TITLE SATTAUR, RONALD A NAME NAME STREET ADDRESS STREET ADDRESS 508 CANDLER AVE CHY-ST-7P ORLANDO FL 32835 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SATTAUR, RONALD A NAME STREET ADDRESS STREET ADDRESS 508 CANDLER AVE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32835 TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME SATTAUR, RONALD A STREET ADDRESS STREET ADDRESS **508 CANDLER AVE** CITY - ST- ZIP CITY-ST-7IP ORLANDO FL 32835 ☐ Delete TITLE Change Addition TILLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7tP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE 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 Section 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

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED