

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90246 029 ***150.00

DOCUMENT # P04000032307					
1. Entity Name EMILY HACKER GUIDO, P.A.					
Principal Place of Business 11511 WELFLEET DR. FT. MYERS, FL 33908			Mailing Address 11511 WELFLEET DR. FT. MYERS, FL 33908		
2. Principal Place of Business 11048 HARBOUR YACHT CT. Suite, Apt. #, etc. 201		3. Mailing Address 11048 HARBOUR YACHT CT. Suite, Apt. #, etc. 201			
City & State FORT MYERS, FL		City & State FORT MYERS, FL			
Zip 33908		Country LEE		Zip 33908	
Country LEE		Country LEE			
6. Name and Address of Current Registered Agent GUIDO, EMILY H 11511 WELFLEET DR. FT. MYERS, FL 33908			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 11048 HARBOUR YACHT COURT # 201 City FORT MYERS FL Zip Code 33908		
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: <u>Emily Hacker Guido</u> DATE: <u>2/18/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PS GUIDO, EMILY H 11048 HARBOUR YACHT COURT, #201 FT. MYERS, FL 33908 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 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: <u>Emily Hacker Guido</u>			Date: <u>2/18/06</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		

20-0794400



01252006 Chg-P CR2E034 (11/05)

4. FFI Number
APPLIED FOR

Applied For
Not Applicable

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