

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90029 039 \*\*\*150.00

<b>DOCUMENT # P04000068257</b>					
<b>1. Entity Name</b> GUERRINI CORPORATION					
<b>Principal Place of Business</b> 16229 VILLARREAL DE AVILA TAMPA, FL 33613			<b>Mailing Address</b> 16229 VILLARREAL DE AVILA TAMPA, FL 33613		
<b>2. Principal Place of Business</b> 9545 N. Florida Ave. Suite, Apt. #, etc.		<b>3. Mailing Address</b> 9545 N. Florida Ave. Suite, Apt. #, etc.			
<b>City &amp; State</b> Tampa, FL		<b>City &amp; State</b> Tampa, FL		<b>4. FEI Number</b> 34-1992123	
<b>Zip</b> 33612		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> CHRYSOCHOOS, JACQUES 1125 ABBYS WAY TAMPA, FL 33602			<b>7. Name and Address of New Registered Agent</b> Name: L. Fred Shrum II Street Address (P.O. Box Number is Not Acceptable): 9545 N. Florida Ave. City: Tampa FL Zip Code: 33612		
<b>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.</b> SIGNATURE: <u>L. Fred Shrum, II</u> DATE: <u>17 Mar 06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	PSTD CHRYSOCHOOS, JAQUES <input checked="" type="checkbox"/> Delete 1125 ABBYS WAY TAMPA, FL 33602		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	v/b Mary K. Haire <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9545 N. Florida Ave. Tampa, FL 33612	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	S L. Fred Shrum, II <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9545 N. Florida Ave. Tampa, FL 33612	
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<b>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.</b>					
<b>SIGNATURE:</b> <u>L. F. Shrum, II</u> <u>17 Mar 06</u> <u>859336571</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					