


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2008 8:00 am**  
**Secretary of State**


01-31-2008 90017 004 \*\*\*150.00

<b>DOCUMENT # P04000090330</b>	
1. Entity Name <b>THE MARKET GUYS, INC.</b>	

Principal Place of Business <b>3520 VESTAVIA WAY LONGWOOD, FL 32779</b>	Mailing Address <b>3520 VESTAVIA WAY LONGWOOD, FL 32779</b>
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01082008 No Chg-P CR2E034 (11/05)

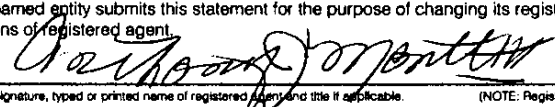
4. FEI Number <b>20-1245282</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**MONTE, ANTHONY J III  
3520 VESTAVIA WAY  
LONGWOOD, FL 32779**

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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  DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

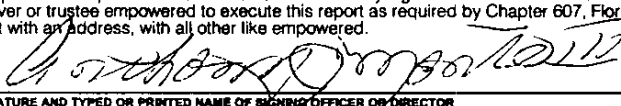
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MONTE, ANTHONY J III 3520 VESTAVIA WAY LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SWOPE, RICHARD H 920 AMBLESIDE DRIVE SUWANEE, GA 30024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR SHANLEY, WILLIAM S JR 1959 ALUMBRA CIRCLE APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC MONTE, ANTHONY J III 3520 VESTAVIA WAY LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR