

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000143009

Entity Name: LOUISE M. GUIDO, P.A.

FILED  
Feb 27, 2005  
Secretary of State

**Current Principal Place of Business:**

5221 OCEAN BLVD  
STE 2  
SARASOTA, FL 34232

**New Principal Place of Business:**

4659 GLEASON AVENUE  
SARASOTA, FL 34242

**Current Mailing Address:**

5221 OCEAN BLVD  
STE 2  
SARASOTA, FL 34232

**New Mailing Address:**

4659 GLEASON AVENUE  
SARASOTA, FL 34242

FEI Number: 20-1806871

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

KOHL-HELBIG, LAUREN  
1800 SECOND STREET  
SUITE 901  
SARASOTA, FL 34236 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GUIDO, LOUISE M  
Address: 5221 OCEAN BLVD, STE 2  
City-St-Zip: SARASOTA, FL 34236

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: GUIDO, LOUISE M  
Address: 4659 GLEASON AVENUE  
City-St-Zip: SARASOTA, FL 34242

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOUISE M. GUIDO

P

02/27/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date