


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90042 020 ***150.00

DOCUMENT # P05000122932					
1. Entity Name GUARDIAN COMMUNITY RESOURCE MANAGEMENT, INC.					
Principal Place of Business 506 N. ALEXANDER ST. PLANT CITY, FL 33563			Mailing Address 506 N. ALEXANDER ST. PLANT CITY, FL 33563		
2. Principal Place of Business - No P.O. Box # 4265 US Highway 98 North		3. Mailing Address			
Suite, Apt. #, etc. Suite 517		Suite, Apt. #, etc.			
City & State LAKE LAND FLORIDA		City & State			
Zip 33809		Country USA		4. FEI Number 13-4309252	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GALLOWAY, DAVID H. 506 N. ALEXANDER ST. PLANT CITY, FL 33563			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 PD	NAME ALDAY, CHRISTINE M		<input type="checkbox"/> Delete		
STREET ADDRESS 4637 SENENDER CRESCENT	CITY - ST - ZIP LAKE LAND, FL 33810		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE PD	NAME ALDAY, CHRISTINE M		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 2040 ISOLA LANE	CITY - ST - ZIP GROVELAND FL 34736		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE PD	NAME ALDAY, CHRISTINE M		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 2040 ISOLA LANE	CITY - ST - ZIP GROVELAND FL 34736		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE PD	NAME ALDAY, CHRISTINE M		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 2040 ISOLA LANE	CITY - ST - ZIP GROVELAND FL 34736		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE PD	NAME ALDAY, CHRISTINE M		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 2040 ISOLA LANE	CITY - ST - ZIP GROVELAND FL 34736		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: David H. Galloway			Registered Agent		
3/27/07			813.754.3438		