

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90022 017 ***150.00

DOCUMENT # P05000140959

1. Entity Name
GUY'S STUFF, INC.



Principal Place of Business
4130 WOODMERE PARK BLVD
SUITE 9
VENICE FL 34293

Mailing Address
4130 WOODMERE PARK BLVD
SUITE 9
VENICE FL 34293



2. Principal Place of Business - No P.O. Box #
357 St. George Ct
Suite, Apt. #, etc.

3. Mailing Address
357 St. George Ct
Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State
VENICE FL
Zip
34293
Country
U.S.A.

City & State
VENICE FL
Zip
34293
Country
U.S.A.

4. FEI Number 90-0251602
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WILLENBORG, CHRISTINA M
4130 WOODMERE PARK BLVD
SUITE 9
VENICE FL 34293

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
357 St. George Ct.
City VENICE FL Zip Code 34293

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 *Christina M Willenborg*
Signature, typed or printed name of registered agent and title if applicable.

2.23.07
DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIR WILLENBORG, CHRISTINA M 4130 WOODMERE PARK BLVD VENICE FL 34293 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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 Section 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 *Christina M Willenborg*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.23.07 941 492 4099
Date
241 181
County Phone #