

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000036433

FILED  
Jul 24, 2008  
Secretary of State

Entity Name: GUARDIAN FINANCIAL MORTGAGE CORP.

## Current Principal Place of Business:

2800 W. CYPRESS CREEK RD.  
SUITE 200  
FORT LAUDERDALE, FL 33309

## New Principal Place of Business:

10966 MANDARIN STATION DR. E.  
JACKSONVILLE, FL 32257

## Current Mailing Address:

2800 W. CYPRESS CREEK RD.  
SUITE 200  
FORT LAUDERDALE, FL 33309

## New Mailing Address:

10966 MANDARIN STATION DR. E.  
JACKSONVILLE, FL 32257

FEI Number: 20-4477862

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

LAW OFFICES OF LAWRENCE E. BLACKE, P.A.  
3326 NE 33RD STREET  
FORT LAUDERDALE, FL 33308 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: MOSCARIELLO, LES  
Address: 16034 E. PIMLICO DR.  
City-St-Zip: LOXAHATCHEE, FL 33470 US

Title: VP (X) Delete  
Name: MOSCARIELLO, LES  
Address: 16034 E. PIMLICO DR.  
City-St-Zip: LOXAHATCHEE, FL 33470 US

Title: SEC (X) Delete  
Name: MOSCARIELLO, LES  
Address: 16034 E. PIMLICO DR.  
City-St-Zip: LOXAHATCHEE, FL 33470 US

Title: TREAS (X) Delete  
Name: MOSCARIELLO, LES  
Address: 16034 E. PIMLICO DR.  
City-St-Zip: LOXAHATCHEE, FL 33470 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: JOHNS, MATHEW R  
Address: 10966 MANDARIN STATION DR. E.  
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MATHEW R JOHNS

PRES

07/24/2008

Electronic Signature of Signing Officer or Director

Date