

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90015 007 ***158.75

DOCUMENT # P06000080922

1. Entity Name

NORTH AMERICA'S CREDIT GUARDIAN, INC.



Principal Place of Business

859 TANBARK DR., UNIT 102
NAPLES FL 34108

Mailing Address

859 TANBARK DR., UNIT 102
NAPLES FL 34108



2. Principal Place of Business - No P.O. Box #

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

SAME

Suite, Apt. #, etc.

SAME

City & State

SAME FL.

City & State

SAME FL.

Zip

SAME

Country

USA

Zip

SAME

Country

USA

4. FEI Number

20-4998633

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

CRONNELLY, BRUCE
859 TANBARK DR., UNIT 102
NAPLES FL 34108

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

BRUCE CRONNELLY

BRUCE CRONNELLY OWNER

4/23/08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE OP
NAME CROZWEILL, BRUCE ☒ Delete
STREET ADDRESS 859 TANBARK UNIT 102
CITY-ST-ZIP NAPLES FL 34108
INCORRECT SPELLING

TITLE OWNER
NAME CRONNELLY BRUCE ☐ Delete
STREET ADDRESS 859 TANBARK UNIT 102
CITY-ST-ZIP NAPLES FL 34108

TITLE DIRECTOR & Registered Agent
NAME CRONNELLY BRUCE ☐ Delete
STREET ADDRESS 859 TANBARK DR. UNIT 102
CITY-ST-ZIP NAPLES FL 34108

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME NO CHANGES
STREET ADDRESS THE SPELLING OF MY NAME
CITY-ST-ZIP IS INCORRECT. ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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

BRUCE CRONNELLY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/08 641-1318

4666