

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000151550

1. Entity Name
GUYNES MANAGEMENT CORP



Principal Place of Business
1907 8TH STREET WEST
PALMETTO, FL 34221

Mailing Address
1907 8TH STREET WEST
PALMETTO, FL 34221



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-8035219

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GUYNES, KENNETH W
1907 8TH STREET WEST
PALMETTO, FL 34221

**DO NOT WRITE
IN THIS SPACE**

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

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR GUYNES, KENNETH W 1907 8TH STREET WEST PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR GUYNES, JASON S 1907 8TH STREET WEST PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GUYNES, LINDA M 1907 8TH ST WEST PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/13/08-80055-021 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Linda Guynes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LINDA GUYNES

2/1/2008

941-729-1970

Date

Daytime Phone #