

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P34572	
1. Entity Name JOHN J. GUTH ASSOCIATES, INC.	
Principal Place of Business 208 MILAM STREET SHREVEPORT, LA 71101	Mailing Address 208 MILAM STREET SHREVEPORT, LA 71101



07052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 72-0743403	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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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 resigning)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NORBERG, DARREL F 208 MILAM STREET SHREVEPORT, LA 71101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOUTTE, RONALD L. 208 MILAM STREET SHREVEPORT, LA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JONES, CHARLES L., MRS. 208 MILAM STREET SHREVEPORT, LA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FRANK, HARRIS J 208 MILAM STREET SHREVEPORT, LA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILSON, JOHN C 208 MILAM STREET SHREVEPORT, LA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROBERTSON, STEVEN R 208 MILAM STREET SHREVEPORT, LA

1100000568764
07/10/06-80007-007-150.00

**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: Mrs. Charles L. Jones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/5/06 318/221-8638

Date

Daytime Phone #