2007 FOR PROFIT CORPORATION

FILED Apr 25, 2007 08:00 Al Secretary of State **ANNUAL REPORT** DOCUMENT # P92000005571 GUERRY SERVICES, INC. Principal Place of Business Mailing Address 264 SW FOREST LAWN WAY P.O. BOX 783 LAKE CITY, FL 32025 US LAKE CITY, FL 32056 US 01152007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3154663 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GUERRY, THEODORE L SR DO NOT WRITE 264 SW FOREST LAWN WAY LAKE CITY, FL 32025 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) U000000729561 FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be 05/08/07~80045-003 158.75 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE GUERRY, THEODORE L SR NAME STREET ADDRESS 264 SW FOREST LAWN WAY LAKE CITY, FL 32025 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE IIIIF NAME STREET ADDRESS CITY-ST-ZIP TITE F

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:

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP .

> Theodore L. Guerry, St. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23/07

386-752-6633

Applied For

Not Applicable