

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90273 025 \*\*\*150.00

**DOCUMENT # P93000045115**

1. Entity Name

THOMAS A. GUEST, PH.D., P.A.



Principal Place of Business

110 WEST CITRUS STREET  
ALTAMONTE SPRINGS FL 32714  
US

Mailing Address

110 WEST CITRUS STREET  
ALTAMONTE SPRINGS FL 32714  
US



2. Principal Place of Business

108 West Citrus Street

Suite, Apt. #, etc.

3. Mailing Address

108 West Citrus Street

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

Altamonte Springs, FL

Zip  
32714

Country

USA

City & State

Altamonte Springs, FL

Zip  
32714

Country

USA

4. FEI Number

59-3190590

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MALONE, WILLIAM C IV  
1800 PEMBROOK DRIVE  
SUITE 300, PMB 811  
ORLANDO FL 32810

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

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00.**

**After May 1, 2006 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 D ☐ Delete  
NAME GUEST, THOMAS A  
STREET ADDRESS 288 BALD EAGLE RUN  
CITY-ST-ZIP LAKE MARY FL 32746

TITLE D ☐ Delete  
NAME GUEST, LINDA C  
STREET ADDRESS 288 BALD EAGLE RUN  
CITY-ST-ZIP LAKE MARY FL 32746

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

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

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:

THOMAS A. GUEST PHD  
Thomas A. Guest PhD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-06

Date

407-682-6330

Daytime Phone #