

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90227 031 ***150.00

DOCUMENT # P94000014076

1. Entity Name
GUILDLINE INSTRUMENTS INC.



Principal Place of Business
**103 COMMERCE ST.
SUITE 160
LAKE MARY, FL 32746**

Mailing Address
**230 LOOKOUT PLACE
SUITE 200
MAITLAND, FL 32751 US**

94074320



2. Principal Place of Business

3. Mailing Address

103 Commerce St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#160

04192004

Chg-P

CR2E034 (10/03)

City & State

City & State

Lake Mary FL

4. FEI Number

59-3228005

Applied For

Not Applicable

Zip

Country

Zip

32746

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PIERCEFIELD, DAVID S PA
230 LOOKOUT PLACE
SUITE 200
MAITLAND, FL 32751**

Name

David S. Piercefield

Street Address (P.O. Box Number is Not Acceptable)

100 East Sybelia Ave. Suite 205

City

Maitland

FL

32751

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]

David S. Piercefield

04-19-04

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPS
ANDERSON, ANTHONY
103 COMMERCE STREET SUITE 160
LAKE MARY, FL** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
ANDERSON, PAULINE
103 COMMERCE STREET, SUITE 160
LAKE MARY, FL** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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 exemption stated in Section 119.07(3)(i), 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-04

Date

407-333-3327

Daytime Phone #

ANTHONY ANDERSON