

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 26, 2004 8:00 am**  
**Secretary of State**

03-26-2004 90041 018 \*\*\*150.00

**DOCUMENT # P96000051412**

**1. Entity Name**

**GUYTON ENERGY CORPORATION**



**Principal Place of Business**

**109 BRUSH STREET 4TH FLOOR  
SUITE 440  
TAMPA FL 33602**

**Mailing Address**

**109 BRUSH STREET 4TH FLOOR  
SUITE 440  
TAMPA FL 33602**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**

**59-3383270**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**CASTELLANO, NELSON T  
101 EAST KENNEDY BOULEVARD  
SUITE 2700  
TAMPA FL 33602**

**7. Name and Address of New Registered Agent**

Name **HOBBY, CLARKE G.**

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

**109 N BRUSH ST STE 440**

City **TAMPA**

**FL**

Zip Code **33602**

**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

**CLARKE G HOBBY, AGENT**

**3/24/04**

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

**After May 1, 2004 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 **GUYTON, JOHN A**  
STREET ADDRESS **109 BRUSH STREET 4TH FLOOR**  
CITY-ST-ZIP **TAMPA FL 33602**

TITLE **DP** ☐ Delete  
NAME **GUYTON, J B**  
STREET ADDRESS **109 BRUSH STREET 4TH FLOOR**  
CITY-ST-ZIP **TAMPA FL 33602**

TITLE **D** ☐ Delete  
NAME **GUYTON, CAROLE M**  
STREET ADDRESS **109 BRUSH STREET 4TH FLOOR**  
CITY-ST-ZIP **TAMPA FL 33602**

TITLE **D** ☐ Delete  
NAME **AWMILLER, AVERY G**  
STREET ADDRESS **109 BRUSH STREET 4TH FLOOR**  
CITY-ST-ZIP **TAMPA FL 33602**

TITLE **D** ☐ Delete  
NAME **COLLINS GUYTON, M C**  
STREET ADDRESS **109 BRUSH STREET 4TH FLOOR**  
CITY-ST-ZIP **TAMPA FL 33602**

TITLE **STD** ☐ Delete  
NAME **GUYTON, JOHN A III**  
STREET ADDRESS **109 BRUSH STREET 4TH FLOOR**  
CITY-ST-ZIP **TAMPA FL 33602**

**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  
NAME  
STREET ADDRESS  
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JBRYANGUYTON**

Date

Daytime Phone #

**3/24/04**

**813/224-0822**