

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000060269

1. Entity Name
GUARDIAN MARKETING SERVICES, CORP.



FILED
04 MAR 23 AM 10:40

SEC. CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
9641 GULF BLVD
TREASURE ISLAND, FL 33706

Mailing Address
9641 GULF BLVD
TREASURE ISLAND, FL 33706



2. Principal Place of Business
8751 Ulmerton Rd
Suite, Apt. #, etc.

3. Mailing Address
8751 Ulmerton Rd
Legal Dept.

03032004 Chg-P CR2E034 (10/03)

City & State
Largo, FL

City & State
Largo, FL

4. FEI Number
59-3390306

Applied For
Not Applicable

Zip
33771

Country
USA

Zip
33771

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOOTH, DONALD L
9641 GULF BLVD
TREASURE ISLAND, FL 33706

7. Name and Address of New Registered Agent

Name

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

8751 Ulmerton Rd

City
Largo

FL

Zip Code
33771

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 (applicable)

(NOTE: Registered Agent signature required when re-instating)

DATE

400030966544

03/24/04--01016--024 ***800.00

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

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
P
WOLF, BRYON
6116 KIPPS COLONY DR W
GULF PORT, FL 33707 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
VS
ELIASSON, ROY
3006 LONGBROOKE WAY
CLEARWATER, FL 33760 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
V
REILLY, DAVID
1102 2ND AVE SOUTH
TIERRA VERDE, FL 33715 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Change ☐ Addition

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 officers empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/04

Date

727-471-0288

Daytime Phone #