## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P97000034175

1. Entity Name
GUARDIAN BAY CORPORATION



Mailing Address

7908 SECOND AVENUE SOUTH ST. PETERSBURG, FL 33707

Principal Place of Business

7908 SECOND AVENUE SOUTH ST. PETERSBURG, FL 33707

## FILED May 01, 2006 08:00 Al Secretary of State



| DO | NOT | WRITE | IN THI | S SPACE |
|----|-----|-------|--------|---------|
|    |     |       |        |         |

01052006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For S9-3442147 Not Applicable

6. Name and Address of Current Registered Agent

HINST, RAYMOND V JR. 7908 SECOND AVENUE SOUTH ST. PETERSBURG, FL 33707

## DO NOT WRITE IN THIS SPACE

|   |   |   |                                | III TIIIO OI AOL   |  |         |  |
|---|---|---|--------------------------------|--|--|---------|--|
|   | named entity submits this statement for the pons of registered agent.                                 | urpose of changing its registe  | red office or r                | egistered agent, or bo   | oth, in the State of Florida. I am familiar with, and accept   | t       |  |
| SIGNATURE   | Signature, typed or printed name of registered agent and title it                                     | applicable (NOTE, Register  | ed Agent signature             | required when reinstating)   | DATE   |         |  |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2006 Fee will be \$550.00 |   | 9. Election Campalgn Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees |                                | \$5.00 May Be<br>Added to Fees   | U00000543745<br>05/11/06-80005-017 150.00  |         |  |
| 10.   | OFFICERS AND DIREC  | TORS  | T                              | ···  |  | 77      |  |
| NAME<br>STREET ADDRESS  | D<br>HINST, RAYMOND V JR.<br>7908 SECOND AVENUE SOUTH<br>ST. PETERSBURG, FL 33707                     |   |                                |  | en e   | <u></u> |  |
| NAME<br>STREET ADDRESS  | D<br>HINST, SUZANNE H JR.<br>7908 SECOND AVENUE SOUTH<br>ST. PETERSBURG, FL 33707                     |   |                                | •  |  |         |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 |   |   |                                | DO   | NOT WRITE  |         |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 |   |   |                                | IN '   | THIS SPACE   |         |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                 |   |   |                                |  | · · · · · · · · · · · · · · · · · · ·  |         |  |
| TITLE NAME STREET ADDRESS GITY-ST-ZIP                                 |   |   |                                | martie in the second of the se | · · · · · · · · · · · · · · · · · · ·  | -       |  |
| 12. I hereby ce indicated of  | ertify that the information supplied with this fil<br>on this report or supplemental report is true a | ing does not qualify for the ex<br>nd accurate and that my signs                      | emptions con<br>ture shall hav | ntained in Chapter 11:<br>e the same legal effe  | Florida Statutes. I further certify that the information of as if made under oath; that I am an officer or director. |         |  |

incleated 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:

NATURE AND TYPED OR PRINTED HANDOF SIGNING OFFICER OR DIRECT

RAYMOND V. HINST VE.

26 april 06

727-822-

Davilme Phone #