


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90028 046 ***150.00

DOCUMENT # P97000088005

1. Entity Name
EDWIN J. GUILLOT, P.A.



Principal Place of Business
17929 CACHET ISLE, CORY LAKES ISLES TAMPA FL 33647-2703

Mailing Address
17929 CACHET ISLE, CORY LAKES ISLES TAMPA FL 33647-2703

2. Principal Place of Business
17951 CACHET ISLE
 Suite, Apt. #, etc.


3. Mailing Address
17951 CACHET ISLE
 Suite, Apt. #, etc.

City & State
Tampa, FL

City & State
Tampa, FL

Zip
33647-2703

Country



MOORE CR2E034 (11/03)

4. FEI Number **59-3472712**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
GUILLOT, EDWIN J
~~**17929 CACHET ISLE, CORY LAKES ISLES TAMPA FL 33647-2703**~~

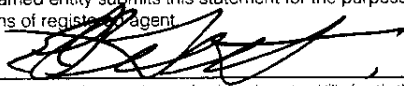
7. Name and Address of New Registered Agent

Name **Edwin J. Guillot**

Street Address (P.O. Box Number is Not Acceptable)
17951 CACHET ISLE

City **Tampa** State **FL** Zip Code **33647-2703**

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  **Edwin J. Guillot** DATE **2 Feb 04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	D GUILLOT, EDWIN J 17951 CACHET ISLE, CORY LAKES ISLES TAMPA FL 33647-2703	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:  **Edwin J. Guillot** DATE **2 Feb 04** Daytime Phone # **813-986-7720**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR