


2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000023787
 1. Entity Name
 GUYTON FAMILY ENTERPRISES, INC.



Principal Place of Business 5255 S. TROPICAL TRAIL MERRITT ISLAND, FL 32952	Mailing Address 5255 S. TROPICAL TRAIL MERRITT ISLAND, FL 32952
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DO NOT WRITE IN THIS SPACE



03142004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3498992	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

MCMASTER, JAMES D
 6797 S TROPICAL TRAIL
 MERRITT ISLAND, FL 32952

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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 _____ DATE _____
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

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	DPS GUYTON, EVELYN S 5255 S. TROPICAL TRAIL MERRITT ISLAND, FL 32952
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PARKER, THOMSON 1111 BRICKELL AVENUE, #1900 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V GUYTON, THOMAS B II 5255 S TROPICAL TRAIL MERRITT ISLAND, FL 32952
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GUYTON, ELIZABETH R 5255 S TROPICAL TRAIL MERRITT ISLAND, FL 32952
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS MILEY, MARY E 929 CASEY COVE DR NOKOMIS, FL 34275
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 04/20/04-80062-001 150.00

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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: *Evelyn S. Guyton* **4/12/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #