


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 13, 2005 8:00 am
Secretary of State

05-13-2005 90228 010 ***150.00

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

50052491



DO NOT WRITE IN THIS SPACE

04242005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3498992

Applied For
Not Applicable

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

6. 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: James D McMaster DATE: 4/24/2005

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, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

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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 DATE: 4/24/05 DAYTIME PHONE: (321) 452-8597

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR