## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000030189

**Entity Name:** GUARDIAN REPORTING, INC.

**FILED** Mar 20, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

18245 PAULSON DRIVE SUITE 116

315 TAYLOR STREET PUNTA GORDA, FL 33950

PORT CHARLOTTE, FL 33954

**New Mailing Address:** 

POST OFFICE BOX 510186 PUNTA GORDA, FL 33951

**Current Mailing Address:** 

FEI Number: 65-0824816 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

LABOR, LINDA A 18245 PAULSON DRIVE SUITE 116

LABOR, LINDA A 315 TAYLOR STREET

PORT CHARLOTTE, FL 33954 US

PUNTA GORDA, FL 33950 US

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.

SIGNATURE: LINDA A. LABOR 03/20/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete

LABOR, LINDA A Name: 18245 PAULSON DRIVE, STE. 116 Address:

City-St-Zip: PORT CHARLOTTE, FL 33954

( ) Delete Title: STD Name: ROLLINS, LISA M

18245 PAULSON DRIVE, STE. 116 Address: PORT CHARLOTTE, FL 33954 City-St-Zip:

Title: **PRFS** (X) Change ( ) Addition

Name: LABOR, LINDA A 315 TAYLOR STREET Address: City-St-Zip: PUNTA GORDA, FL 33950

Title: (X) Change ( ) Addition

Name: ROLLINS, LISA M 315 TAYLOR STREET Address: PUNTA GORDA, FL 33950 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA A. LABOR **PRES** 03/20/2007