2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90388 046 ***150.00

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1. Entity Name
GUARANTY MORTGAGE FINANCIAL SERVICES COMPANY

Principal Place of Business	Mailing Address
405 CENTRAL AVENUE SUITE 111 SAINT PETERSBURG, FL 33701-3876 US	405 CENTRAL AVENUE SUITE 111 SAINT PETERSBURG, FL 33701-3876 US

04282004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
4302 Henderson BLVD	4302 Henderson BLVD
Suite, Apt. #, etc.: #106	Suite, Apt. #, etc.: #106
City & State: TAMPA, FL	City & State: TAMPA, FL
Zip: 33629 Country: USA	Zip: Country:

4. FEI Number: 59-3529799 — Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MASO, DAVID A 405 CENTRAL AVENUE SUITE 111 SAINT PETERSBURG, FL 33701-3876	Name: DAVID MASO Street Address (P.O. Box Number is Not Acceptable): 4231 HOLLAND DR City: St. Pete Bch FL Zip Code: 33706

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

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MASO, DAVID A 405 CENTRAL AVENUE SAINT PETERSBURG, FL 337013876 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President DAVID MASO 4231 HOLLAND DR ST. PETERSBURG FL 33706 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DUNCAN, RONGON 1453 S EVERGREEN AVE CLEARWATER, FL 33756 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: _____ DAVID A. MASO, President 4-28-04 813-250-0811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #