


# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

12 MAY 30 PM 1:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|  |   |
|--|---|
| <b>DOCUMENT # P98000089473</b><br>1. Entity Name<br><b>GUY &amp; LOLLIPOP PUBLISHING, INC.</b> |  |
|--|---|

|  |   |
|--|---|
| Principal Place of Business<br><b>6918 WEST SAMPLE ROAD</b><br><b>CORAL SPRINGS, FL 33067 US</b> | Mailing Address<br><b>807 S.W. 119TH WAY</b><br><b>DAVIE, FL 33325 US</b> |
|--|---|



|   |   |
|---|---|
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc. | 3. Mailing Address<br><br>Suite, Apt. #, etc. |
|---|---|

05082012 Chg-P CR2E034 (12/11)

|              |              |                                    |  |
|--------------|--------------|------------------------------------|--|
| City & State | City & State | 4. FEI Number<br><b>65-0869781</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|--------------|--------------|------------------------------------|--|

|     |         |     |         |   |
|-----|---------|-----|---------|---|
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |
|-----|---------|-----|---------|---|

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><br><b>MESSEROFF, ALEC M</b><br><b>C/O AMM CONSULTING, INC.</b><br><b>807 SW 119TH WAY</b><br><b>DAVIE, FL 33325</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;">FL</span> Zip Code |
|---|--|

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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

|  |   |  |
|--|---|--|
| <b>FILE NOW!!! FEE IS \$550.00</b><br><b>Due by September 28, 2012</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |  |
|--|---|--|

| 10. OFFICERS AND DIRECTORS |                         |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                               |   |
|----------------------------|-------------------------|---------------------------------|---|-------------------------------|---|
| TITLE                      | PD                      | <input type="checkbox"/> Delete | TITLE   |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SALEM, STEVE            |                                 | NAME  | 200235680802                  |   |
| STREET ADDRESS             | 6918 W. SAMPLE ROAD     |                                 | STREET ADDRESS  | 05/30/12--01009--001 **150.00 |   |
| CITY-ST-ZIP                | CORAL SPRINGS, FL 33067 |                                 | CITY-ST-ZIP   |                               |   |
| TITLE                      | VD                      | <input type="checkbox"/> Delete | TITLE   |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SALEM, DAWN             |                                 | NAME  |                               |   |
| STREET ADDRESS             | 6918 W. SAMPLE ROAD     |                                 | STREET ADDRESS  |                               |   |
| CITY-ST-ZIP                | CORAL SPRINGS, FL 33067 |                                 | CITY-ST-ZIP   |                               |   |
| TITLE                      | STD                     | <input type="checkbox"/> Delete | TITLE   |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MESSEROFF, ALEC         |                                 | NAME  |                               |   |
| STREET ADDRESS             | 807 SW 11TH WAY         |                                 | STREET ADDRESS  |                               |   |
| CITY-ST-ZIP                | DAVIE, FL 33325         |                                 | CITY-ST-ZIP   |                               |   |
| TITLE                      |                         | <input type="checkbox"/> Delete | TITLE   |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                         |                                 | NAME  |                               |   |
| STREET ADDRESS             |                         |                                 | STREET ADDRESS  |                               |   |
| CITY-ST-ZIP                |                         |                                 | CITY-ST-ZIP   |                               |   |
| TITLE                      |                         | <input type="checkbox"/> Delete | TITLE   |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                         |                                 | NAME  |                               |   |
| STREET ADDRESS             |                         |                                 | STREET ADDRESS  |                               |   |
| CITY-ST-ZIP                |                         |                                 | CITY-ST-ZIP   |                               |   |
| TITLE                      |                         | <input type="checkbox"/> Delete | TITLE   |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                         |                                 | NAME  |                               |   |
| STREET ADDRESS             |                         |                                 | STREET ADDRESS  |                               |   |
| CITY-ST-ZIP                |                         |                                 | CITY-ST-ZIP   |                               |   |

MAY 30 2012

S. PRATHER

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: ALEC MESSEROFF 4/30/12 a/messe@qol.com

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      DATE      E-MAIL ADDRESS