

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000089473

1. Entity Name
GUY & LOLLIPOP PUBLISHING, INC.



FILED

12 MAY 30 PM 1:57

CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
6918 WEST SAMPLE ROAD
CORAL SPRINGS, FL 33067 US

Mailing Address
807 S.W. 119TH WAY
DAVIE, FL 33325 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05082012

Chg-P

CR2E034 (12/11)

4. FEI Number

65-0869781

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

MESSEROFF, ALEC M
C/O AMM CONSULTING, INC.
807 SW 119TH WAY
DAVIE, FL 33325

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 28, 2012**

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

PD
SALEM, STEVE
6918 W. SAMPLE ROAD
CORAL SPRINGS, FL 33067

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

200235680802
05/30/12--01009--001 **150.00

TITLE
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STREET ADDRESS
CITY- ST- ZIP

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SALEM, DAWN
6918 W. SAMPLE ROAD
CORAL SPRINGS, FL 33067

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CITY- ST- ZIP

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MESSEROFF, ALEC
807 SW 11TH WAY
DAVIE, FL 33325

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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@go1.com

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

E MAIL ADDRESS