2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)** 

## Aug 27, 2004 8:00 am Secretary of State DOCUMENT # P99000008907 1. Entity Name 08-27-2004 90006 040 \*\*\*150.00 GUIDING STAR SERVICE, INC. Principal Place of Business Mailing Address 438 LOS ALTOS WAY, APT. 102 ALTAMONTE SPRINGS FL 32714 P.O. BOX 162798 11607046 ALTAMONTE SPRINGS FL 32716 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (4/04) 4. FEI Number City & State City & State Applied For 59-3571214 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HYLTON, RICHARD Street Address (P.O. Box Number is Not Acceptable) 438 LOS ALTOS WAY, APT. 102 ALTAMONTE SPRINGS FL 32714 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 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 8, 2004 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **DPVS** TITLE ☐ Delete TITLE ☐ Change ☐ Addition HYLTON, RICHARD NAME NAME STREET ADDRESS 438 LOS ALTOS WAY, APT, 102 STREET ADDRESS CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition HYLTON, RICHARD NAME MAME STREET ADDRESS 438 LOS ALTOS WAY, APT, 102 STREET ADDRESS CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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:

AND TYPED OR PRINTED

**FILED**