
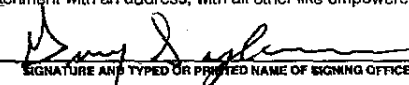


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 16, 2005 08:00 AM**  
**Secretary of State**

|  |   |   |
|--|---|---|
| <b>DOCUMENT # P99000017695</b><br>1. Entity Name<br><b>GUY SERVICES INC.</b>   |   |    |
| Principal Place of Business<br><b>233 S.E. LAKEHURST DR.<br/>PORT ST. LUCIE, FL 34983</b>  | Mailing Address<br><b>233 S.E. LAKEHURST DR.<br/>PORT ST. LUCIE, FL 34983</b> |   |
| <b>DO NOT WRITE IN THIS SPACE</b>  |   |   |
| 6. Name and Address of Current Registered Agent<br><br><b>SYLVAIN, GUY<br/>233 S.E. LAKEHURST DR.<br/>PORT ST. LUCIE, FL 34983</b>   |   | <b>DO NOT WRITE<br/>IN THIS SPACE</b>   |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____   |   |   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |
| 10. OFFICERS AND DIRECTORS   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | P<br>SYLVAIN, GUY<br>233 S.E. LAKEHURST DR.<br>PORT ST. LUCIE, FL 34983       |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   |   |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: <br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   | <b>3/15/05 (772) 873-0249</b><br><small>Date Daytime Phone #</small>  |



03122005 No Chg-P CR2E034 (10/03)

|   |  |
|---|--|
| 4. FEI Number<br><b>65-0897963</b>                        | Applied For<br>Not Applicable            |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional<br>Fee Required |

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03/16/05-80019-014 150.00

**DO NOT WRITE  
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