## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

g. 3

SIGNATURE:

## Mar 12, 2004 8:00 am Secretary of State 03-12-2004 90036 007 \*\*\*150.00 **DOCUMENT # P99000092084 GUARANTY TRUST & TITLE, INC.** 24020794 Principal Place of Business Mailing Address 1915 HOLLYWOOD BLVD 1915 HOLLYWOOD BLVD SUITE 206 SUITE 206 HOLLYWOOD, FL 33020 HOLLYWOOD, FL 33020 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 03032004 Chq-P CR2E034 (10/03) City & State 4. FEI Number Applied For City & State 65-0971568 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Campbell, Stanley W. Jr. CAMPBELL, STANLEY W JR. O. Box Number is Not Acceptable) HOILywood Blvd. #206 1421 S. OCEAN BOULEVARD **SUITE #121** POMPANO BEACH, FL 33362 City Hollywood rement 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 age SIGNATURE (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. CEO Campbell, Stanley W. Change Addition CEO ☐ Delete TITLE TITLE CAMPBELL, STANLEY W NAME NAME STREET ADDRESS 1915 Hollywood Blvd. #206 1421 S OCEAN # 121 STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33062 CITY-ST-ZIP Hollywood, FL 33020 Change ☐ Addition Delete TITLE Ρ STIBER, MIKE NAME NAME Stiber, Mike 13505 NE 23RD CT STREET ADDRESS STREET ÄDDRESS 1915 Hollywood Blvd., #206 CITY-ST-7IP CITY-ST-ZIP MIAMI, FL 33181 Hollywood, FL 33020 ☐ Change Addition TITLE ☐ Delete TITLE NAME T NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 employed 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 employered.

OF SIGNING OFFICER OR DIRECTOR

CAMPBELL

**FILED**