

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 27, 2005 8:00 am
Secretary of State**

04-06-2005 90118 010 ****50.00
04-27-2005 90355 027 ***100.00

DOCUMENT # P99000092084 1. Entity Name GUARANTY TRUST & TITLE, INC.	
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Principal Place of Business 1915 HOLLYWOOD BLVD SUITE 206 HOLLYWOOD, FL 33020	Mailing Address 1915 HOLLYWOOD BLVD SUITE 206 HOLLYWOOD, FL 33020
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20049474



03302005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0971568	☒ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CAMPBELL, STANLEY W JR. 1915 HOLLYWOOD BLVD. #206 HOLLYWOOD, FL 33020
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**DO NOT WRITE
IN THIS SPACE**

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 \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO CAMPBELL, STANLEY W 1915 HOLLYWOOD BLVD. #206 HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P STIBER, MIKE 1915 HOLLYWOOD BLVD. #206 HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Stan Campbell 04.04.05 954 920 0766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone