

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000094942

1. Entity Name

THREE SQUARE GUYS, INC.



Principal Place of Business

1021 ESTERO BLVD
FT MYERS BEACH FL 33931

Mailing Address

1021 ESTERO BLVD
FT MYERS BEACH FL 33931



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

1st MOORE

CR2E034 (10/06)

4. FEI Number **65-0962834**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RULAND, NICHOLAS
938 PRESCOTT STREET
FT MYERS BEACH FL 33931

7. Name and Address of New Registered Agent

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 \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	RULAND, NICHOLAS	
STREET ADDRESS	938 PRESCOTT ST.	
CITY-STATE-ZIP	FORT MYERS BEACH FL 33931	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SAWYER, MICHAEL	
STREET ADDRESS	6339 ST ANDREWS CIRCLE	
CITY-STATE-ZIP	FORT MYERS FL 33919	
TITLE	T	<input type="checkbox"/> Delete
NAME	SHIELDS, JOHN	
STREET ADDRESS	1105 NW 165TH	
CITY-STATE-ZIP	CITRA FL 32113	
TITLE	DO	<input type="checkbox"/> Delete
NAME	BUSTIN, WILLIAM	
STREET ADDRESS	1021 SOUTHDAL RD	
CITY-STATE-ZIP	FORT MYERS FL 33919	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U000000758831	
CITY-STATE-ZIP	05/24/07-80018-013 150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/07 239-765-0440

Date

Daytime Phone #