


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Jul 11, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000096141  
 1. Entity Name  
 GUERRIERI MANAGEMENT, INC.



Principal Place of Business 1128 COUNTRY BLVD CAPE CORAL, FL 33990 US	Mailing Address 1128 COUNTRY BLVD CAPE CORAL, FL 33990 US
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**DO NOT WRITE IN THIS SPACE**



07052005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0961682	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

GUERRIERI, GORDON  
 842 MIRIMAR  
 CAPE CORAL, FL 33904

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees  
 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GUERRIERI, GORDON N 842 MIRIMAR ST CAPE CORAL, FL 33990
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DOCUMENT# 271759  
 07/11/05-80003-021 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Gordon Guerrieri, Gordon Guerrieri 7/6/05 239-573  
3674 X112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_