## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 28, 2008 08:00 AM DOCUMENT # S77599 **Secretary of State** 1. Entity Name KERRY D. FITZGERALD, GUARDIAN, INC. Principal Place of Business Mailing Address 815 MIDDLE RIVER DR 815 MIDDLE RIVER DR #107 #107 FT LAUDERDALE, FL 33304 FT LAUDERDALE, FL 33304 01242008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0286198 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FITZGERALD, KERRY D. DO NOT WRITE 815 MIDDLE RIVER DR #107 IN THIS SPACE FT LAUDERDALE, FL 33304 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 Signsture typed or printed name of registered agent and title if applicable (NOTE: Registered Agent aignsture required when rematating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. П After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE FITZGERALD, KERRY D. STREET ADDRESS 815 MIDDLE RIVER DR #107 CITY-ST-ZIP FT LAUDERDALE, FL TITLE :D00000800247a 01/31/08-80009-022/150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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 execute this execute the changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

FORM SO KERRY D. FIT 26 TO ALL DESCRIPTION

24 08 954-565-2895

**FILED**