


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90288 034 \*\*\*150.00

<b>DOCUMENT # 427133</b>	
1. Entity Name <b>GUY ENTERPRISES, INC.</b>	

Principal Place of Business <b>5 THOMAS MELLON CIR STE 220 SAN FRANCISCO CA 94134 US</b>	Mailing Address <b>5 THOMAS MELLON CIR STE 220 SAN FRANCISCO CA 94134 US</b>
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44061001



MOORE CR2E034 (11/03)

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-1464511</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  <b>SACHER, CHARLES P ATTY 2655 LEJEUNE RD SUITE 1101 CORAL GABLES FL 33134</b>
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<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PT</b>	<input type="checkbox"/> Delete	TITLE <b>Change</b>	<input type="checkbox"/> Addition
NAME <b>RODRICK, GUY</b>		NAME	
STREET ADDRESS <b>25 BOROUGHWOOD PLACE</b>		STREET ADDRESS <b>1128 Lake Vista</b>	
CITY-ST-ZIP <b>HILLSBOROUGH CA</b>		CITY-ST-ZIP <b>Palm Desert, CA 92260</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE <b>Change</b>	<input type="checkbox"/> Addition
NAME <b>RODRICK, MARISTELLA</b>		NAME	
STREET ADDRESS <b>25 BOROUGHWOOD PLACE</b>		STREET ADDRESS <b>1128 Lake Vista</b>	
CITY-ST-ZIP <b>HILLSBOROUGH CA</b>		CITY-ST-ZIP <b>Palm Desert, CA 92260</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME <b>RODRICK, SCOTT</b>		NAME	
STREET ADDRESS <b>57 OAK VALLEY ROAD</b>		STREET ADDRESS	
CITY-ST-ZIP <b>SAN MATEO CA 94402</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 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: Scott Rodrick, VP Date: 1/29/04 Daytime Phone #: 415-468-6990x301