

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000048010

FILED  
Aug 30, 2007  
Secretary of State

**Entity Name:** GUEST SERVICES PUBLISHING, INC.

**Current Principal Place of Business:**

6395 CAKEBREAD CT.  
MARION, IA 52302

**New Principal Place of Business:**

908 8TH AVENUE  
MARION, IA 52302

**Current Mailing Address:**

162 COLLINS ROAD NE #324  
CEDAR RAPIDS, IA 52402

**New Mailing Address:**

908 8TH AVENUE  
MARION, IA 52302

**FEI Number:** 34-1986125

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BOLSINGER, JEFFREY S D  
6395 CAKEBREAD CT.  
MARION, IA, FL 52302 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BOLSINGER, JEFFREY S  
Address: 6395 CAKEBREAD CT.  
City-St-Zip: MARION, IA 52302

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFF BOLSINGER

PRES

08/30/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date