

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90029 005 ***150.00

DOCUMENT # P03000134887 1. Entity Name GOLDEN CONSTRUCTION COMPANY INC.					
Principal Place of Business 228 BAY PINE DR CRAWFORDVILLE, FL 32327				Mailing Address 228 BAY PINE DR CRAWFORDVILLE, FL 32327	
2. Principal Place of Business - No P.O. Box # 128 Broken Bow Trl		3. Mailing Address 128 Broken Bow Trl			
Suite, Apt. #, etc. Crawfordville, FL		Suite, Apt. #, etc. Crawfordville, FL			
City & State Crawfordville, FL		City & State Crawfordville, FL		4. FEI Number 75-3122774	
Zip 32327		Country US		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALL FLORIDA FIRM, INC. 465 S. VOLUSIA AVE. SUITE C ORANGE CITY, FL 32763				7. Name and Address of New Registered Agent Name Robby Miller Street Address (P.O. Box Number is Not Acceptable) 128 Broken Bow Trl City Crawfordville FL Zip Code 32327	
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, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLER, ROBBY 228 BAY PINE DR CRAWFORDVILLE, FL 32327		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Robby Miller 128 Broken Bow Trl Crawfordville, FL 32327	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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12. I hereby certify that the information supplied with this filing 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 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:  1/6/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					