2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000025230

1. Entity Name

GOLDEN REALTY AND APPRAISAL SERVICES, INC.



Principal Place of Business

5780 SW 20TH STREET OCALA, FL 34474 US

Mailing Address

PO BOX 6088

OCALA, FL 34478 US

FILED
Apr 15, 2004 08:00 AM
Secretary of State



02272004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3174783

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

GOLDEN, RICHARD R 5780 S.W. 20TH ST OCALA, FL 34474

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	named entity submits this statement for the priors of registered agent.	urpose of changing its registered off	ice or re	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if		* *******		DATE
	Signature, typed or printed name or registered agent and the i	applicable (NOTE Hegistered Agent	c siğusince	required when reinstaling)	DATE
FiLE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		 Election Campaign Financing Trust Fund Contribution. 		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
THTLE NAME STREET ADDRESS CHY-ST-ZIP	PD GOLDEN, RICHARD R 6651 SW 12 COURT OCALA, FL 34476				000000114577 04/15/04-80057-003 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZEP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
title Name Street address City-St-Zip				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CRTY-ST-719					· · ·

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I turther 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 portunate 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

41-04 352-86/810