2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 20, 2005 08:00 AM Secretary of State **DOCUMENT # P93000025230** GOLDEN REALTY AND APPRAISAL SERVICES, INC. Principal Place of Business Mailing Address 5780 SW 20TH STREET PO BOX 6088 OCALA, FL 34474 US OCALA, FL. 34478 US 04152005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3174783 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent GOLDEN, RICHARD R DO NOT WRITE 5780 S.W. 20TH ST OCALA, FL 34474 IN THIS SPACE . 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: Recratered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS PD TITLE GOLDEN, RICHARD R NAME STREET ADDRESS 6651 SW 12 COURT CITY-ST-ZIP OCALA, FL 34476 U00000319347 04/20/05-80095-009 150.00 TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS COY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

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 further certify that the information indicated on this report or supply frental 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.

CTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED