


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2005 8:00 am
Secretary of State

08-11-2005 90005 033 ***150.00

DOCUMENT # 441568 1. Entity Name GOLDEN GATE RESTAURANT, INC.			
Principal Place of Business 1000 CYPRESS GARDEN RD. WINTER HAVEN, FL 33880		Mailing Address 1000 CYPRESS GARDEN RD. WINTER HAVEN, FL 33880	
2. Principal Place of Business 1000 Cypress Garden Rd. Suite, Apt. #, etc. WINTER HAVEN, City & State FLA. Zip 33880		3. Mailing Address 1000 Cypress Garden Rd. Suite, Apt. #, etc. WINTER HAVEN, FLA. City & State Zip 33880	
4. FEI Number 59-1511631		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent YUNG, JIMMY 120 LANTERN LANE WINTER HAVEN, FL 33884		7. Name and Address of New Registered Agent Name Jimmy Yung Street Address (P.O. Box Number is Not Acceptable) 1000 Cypress Garden Blvd. City Winter Haven FL Zip Code 33880	
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: <i>William Moy</i> (NOTE: Registered Agent signature required when reinstating) DATE:			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YUNG, JIMMY 120 LANTERN LANE WINTER HAVEN, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MOY, WILLIAM 247 HERNANDO ROAD WINTER HAVEN, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MOY, WILLIAM 247 HERNANDO ROAD WINTER HAVEN, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>William Moy</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		8/8/05 863-324-1034 Date Daytime Phone #	

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