


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90516 005 \*\*\*150.00

**DOCUMENT # 458102**

1. Entity Name  
**STEPHEN M. GOLDING, COMPANY, P.A.**



Principal Place of Business      Mailing Address

~~1475 W CYPRESS CREEK RD~~      ~~1475 W CYPRESS CREEK ROAD~~  
~~STE 204~~      ~~STE 204~~  
 FT. LAUDERDALE, FL 33309 US      FT. LAUDERDALE, FL 33309 US


2. Principal Place of Business      3. Mailing Address

1000 N.W. 65TH. ST.      1000 N.W. 65TH. ST.  
 SUITE, Apt. #, etc.      SUITE, Apt. #, etc.  
**SUITE 200**      **SUITE 200**

City & State      City & State

**FT. LAUDERDALE, FL. 33309**      **FT. LAUDERDALE, FL. 33309**

Zip      Country      Zip      Country



04072004      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For

**59-1556300**      Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**THIRER, MARTIN**  
~~1475 W CYPRESS CREEK RD~~  
~~STE 204~~  
 FT LAUDERDALE, FL 33309

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**1000 N.W. 65TH ST. SUITE 200**

**FT. LAUDERDALE, FL. 33309**

City      **FL**      Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	GOLDING, STEPHEN M	1101-B HIGHLAND BCH DR	HIGHLAND BCH, FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:** \_\_\_\_\_      **4/23/2004**      **954-772-7878**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

**STEPHEN M. GOLDING**