

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # F05555	
1. Entity Name GOLDEN RETREAT SHELTER CARE CENTER INC.	

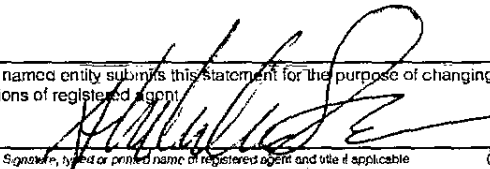
Principal Place of Business 4410 MONCRIEF ROAD W JACKSONVILLE, FL 32209-1228	Mailing Address 4410 MONCRIEF ROAD W JACKSONVILLE, FL 32209-1228
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04282005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2006458	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

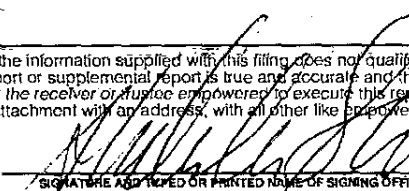
6. Name and Address of Current Registered Agent SHAH, ABDULLAH 4410 MONCRIEF RD. WEST JACKSONVILLE, FL 32209
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE  DATE 4/28/05

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOCKETT, OCIE G JR 4410 MANCRIEF RD JACKSONVILLE, FL 32205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHOWERS, LENORA 4410 MONCRIEF RD JACKSONVILLE, FL 32205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHAH, ABDULLAH 4410 MONCRIEF RD JACKSONVILLE, FL 32209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHAH, BETTY 4410 MONCRIEF RD JACKSONVILLE, FL 32209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JONES, KHALELAH 4410 MONCRIEF RD JACKSONVILLE, FL 32209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UN00000346220
04/30/05-80067-006 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 	ABDULLAH SHAH, PRES. 4/28/05 904-764-2581