

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # F95000002399

1. Entity Name  
TIM GOLDSBURY AND ASSOCIATES, INC.



Principal Place of Business  
725 N HWY A1A STE C-106  
JUPITER, FL 33477-4565

Mailing Address  
725 N HWY A1A STE C-106  
JUPITER, FL 33477-4565

**DO NOT WRITE IN THIS SPACE**

**FILED  
Feb 06, 2006 08:00 AM  
Secretary of State**



01302006 No Chg-P CR2E034 (11/05)

4. FEI Number 93-1161370	Applied For Not Applicable
5. Certificate of Status Desired	
<input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GOLDSBURY, TIM  
20 TRADEWINDS CIR.  
TEQUESTA, FL 33469

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

8. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PSTD  
GOLDSBURY, TIM  
20 TRADEWINDS CIR.  
TEQUESTA, FL 33469

400000424121  
02/18/06-80029-025 150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 it 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-06 (561)744-2952

Date

Daytime Phone #