

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2004 08:00 AM
Secretary of State

DOCUMENT # H50547 1. Entity Name THE GOLD WORKS, INC.			
Principal Place of Business 245 TONEY PENNA DRIVE JUPITER, FL 33458 US		Mailing Address % TOWNSEND P. COLEMAN, JR. 427 PRESTWICK LANE PALM BEACH GARDENS, FL 33418	
DO NOT WRITE IN THIS SPACE			
		01122004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-2519609	
		Applied For ☐ Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
COLEMAN, TOWNSEND P., JR. 427 PRESTWICK LANE PALM BEACH GARDENS, FL 33418		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
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		DO NOT WRITE IN THIS SPACE 000000022606 01/30/04-80052-003 150.00	
TITLE	D		
NAME	COLEMAN, TOWNSEND P. JR		
STREET ADDRESS	427 PRESTWICK LN		
CITY-ST-ZIP	PALM BCH.GARDENS, FL		
TITLE	P		
NAME	COLEMAN, JANE A.		
STREET ADDRESS	427 PRESTWICK LN		
CITY-ST-ZIP	PALM BEACH GARDENS, FL		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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: <i>x [Signature]</i>		Date: <i>[Signature]</i> Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			