


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L85426</b> 1. Entity Name <b>GOLDREYER &amp; CO., INC.</b>					
Principal Place of Business <b>C/O SALLY GOLDREYER 775 LONGBOAT CLUB ROAD LONGBOAT KEY FL 34228</b>			Mailing Address <b>C/O SALLY GOLDREYER 775 LONGBOAT CLUB ROAD LONGBOAT KEY FL 34228</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country <b>USA</b>	Zip	Country <b>USA</b>		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>GOLDREYER, SALLY 775 LONGBOAT CLUB ROAD LONGBOAT KEY FL 34228</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <i>Sally Goldreyer</i>			DATE <b>2/25/05</b>		
(NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing <b>\$5.00</b> May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>GOLDREYER, SALLY</b>	NAME			
STREET ADDRESS	<b>775 LONGBOAT CLUB RD.</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>LONGBOAT KEY FL</b>	CITY-ST-ZIP	<b>000000243685</b>		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>GOLDREYER, DANIEL</b>	NAME			
STREET ADDRESS	<b>775 LONGBOAT CLUB RD.</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>LONGBOAT KEY FL</b>	CITY-ST-ZIP	<b>02/25/05-80051-019 150.00</b>		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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>Sally Goldreyer</i>		<b>SALLY GOLDREYER</b> <b>2/25/05</b> <b>383-4190</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #			