

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004896

FILED
Mar 01, 2010
Secretary of State

Entity Name: GOLDEN GATE SERVICES, INC.

Current Principal Place of Business:

2886 TAMIAMI TRAIL
SUITE #2
PORT CHARLOTTE, FL 33952 US

New Principal Place of Business:

2467 MONTPELIER ROAD
PUNTA GORDA, FL 33983 US

Current Mailing Address:

2467 MONTPELIER ROAD
PUNTA GORDA, FL 33983 US

New Mailing Address:

FEI Number: 65-1027788 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HAWLEY, LAURA L
2467 MONTPELIER ROAD
PUNTA GORDA, FL 33983 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: T
Name: FRANCOIS, JOCELYNE C
Address: 491 ROTONDA CIRCLE
City-St-Zip: ROTONDA, FL 33947 US

Title: VP
Name: BRYANT, ERNIE
Address: 531 MYRTLE AVENUE
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: C
Name: MILLER, AMOS
Address: 830 CONREID DRIVE
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: M
Name: COALE, PHILIP
Address: 2459 MONTPELIER ROAD
City-St-Zip: PUNTA GORDA, FL 33983 US

Title: P/D
Name: HAWLEY, LAURA L
Address: 2467 MONTPELIER ROAD
City-St-Zip: PUNTA GORDA, FL 33983 US

Title: S
Name: FRANCOIS, JOCELYNE C
Address: 491 ROTONDA CIRCLE
City-St-Zip: ROTONDA, FL 33947 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LAURA L HAWLEY

PD

03/01/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date