

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N00000007801</b>	
1. Entity Name GOLDEN PALM FESTIVAL, INC.	
Principal Place of Business 1332 YULEE DRIVE CLEARWATER, FL 33764	Mailing Address 1332 YULEE DRIVE CLEARWATER, FL 33764



**DO NOT WRITE IN THIS SPACE**

04012005 No Chg-NP

CR2E037 (10/03)

4. FEI Number  
91-2086421

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

ROSENBLATT, DAVID  
1332 YULEE DRIVE  
CLEARWATER, FL 33764

**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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

UN00000310637  
04/18/05-80014-019 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSENBLATT, DAVID R 1332 YULEE DRIVE CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MILLER, MERRILY P 1332 YULEE DRIVE CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SCHROEPPPEL, THOMAS 3205 PRICE AVE. TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 617, 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

Date

Daytime Phone #

4/14/05 727 298 0079