

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90410 024 ***150.00

DOCUMENT # P00000013334

1. Entity Name

CLIFFORD S. GOLDEN, ED.D., P.A.



Principal Place of Business

9950 STIRLING ROAD
SUITE 107
COOPER CITY FL 33024

Mailing Address

9950 STIRLING ROAD
SUITE 107
COOPER CITY FL 33024

2. Principal Place of Business

10,000 Stirling Road

3. Mailing Address

10,000 Stirling Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite G

Suite G

City & State

City & State

Cooper City, Florida

Cooper City Florida

Zip

Country

Zip

Country

33024

USA

33024

USA

6. Name and Address of Current Registered Agent

4. FEI Number

65-0979134

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. 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
GOLDEN, CLIFFORD S ED.D
9950 STERLING ROAD SUITE 107
COOPER CITY FL 33024 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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CITY - ST - ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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NAME
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CITY - ST - ZIP
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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Clifford S. Golden ED.D. P.A.

Date

Daytime Phone #

03/31/04