## **2008 FOR PROFIT CORPORATION**

## Mar 03, 2008 8:00 am **ANNUAL REPORT** Secretary of State DOCUMENT # P00000013334 03-03-2008 90195 027 \*\*\*150.00 CLIFFORD S. GOLDEN, ED.D., P.A. Principal Place of Business Mailing Address 10000 STIRLING RD. STE 6 10000 STIRLING RD. STE 6 COOPER CITY, FL 33024 US COOPER CITY, FL 33024 01222008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number **NOT APPLICABLE** Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GOLDEN, CLIFFORD S EDD DO NOT WRITE 10000 STIRLING ROAD, SUITE 6 COOPER CITY, FL 33024 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 aignature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees 10. OFFICERS AND DIRECTORS PSTD TITLE GOLDEN, CLIFFORD S ED.D NAME STREET ADDRESS 10000 STIRLING RD, SUITE 6 CITY-ST-ZIP COOPER CITY, FL 33024 TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS DO NOT WRITE CITY-ST-ZIP-TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP IIII F NUME STREET ADORESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 true appears in Block 10 or Block 11 if changed, or on an attachment with ar

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

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\*\* The document number, business mame and file date cannot be changed on the report. \*\*

**Document Number** 

P00000013334

Business Entity Name-CLIEFORD S. GOLDEN, ED.D., P.A.

**Original File Date** 

02/08/2000

FEI Number

Not Applicable

Principal Address 10000 STIRLING RD. STE 6 COOPER CITY, FL 33024 US

10000 STIRLING RD. STE 6

Mailing Address

COOPER CITY, FL 33024 US

**EDD CLIFFORD S GOLDEN** Registered Agent 10000 STIRLING ROAD, SUITE 6

COOPER CITY, FL 33024 US

## Officer/Director Name And Address

**ED.D CLIFFORD S GOLDEN** 10000 STIRLING RD, SUITE 6 COOPER CITY, FL 33024

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