

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000015992

1. Entity Name

SOLID GOLD ENTERPRISES, INC.



Principal Place of Business

640 PAT THOMAS PKWY  
QUINCY, FL 32351

Mailing Address

PO BOX 551  
QUINCY, FL 32351

FILED

05 MAY 23 PM 2:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04292005 No Chg-P CR2E034 (10/03)

4. FEI Number

59-3641361

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DAVIS, MARVA A  
121 S. MADISON ST.  
QUINCY, FL 32351

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME ROBERTS, JOSEPH E  
STREET ADDRESS N 11TH ST  
CITY - ST - ZIP QUINCY, FL 32351

TITLE VPST  
NAME DAVIS, MARVA A  
STREET ADDRESS 121 S. MADISON ST  
CITY - ST - ZIP QUINCY, FL 32351

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

400055977174  
06/09/05--01051--022 \*\*150.00

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #