

# FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # PD00000015992

1. Entity Name

SOLID GOLD ENTERPRISES, INC.



FILED

07 APR 30 AM 10:06

CLERK OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

640 PAT THOMAS PKWY  
Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 551  
Suite, Apt. #, etc.

City & State

Quincy FLA

City & State

Quincy FLA

4. FEI Number

59-3641361

Applied For

Not Applicable

Zip

32351

Country

Zip

32351

Country

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

CR2E034B (8/05)

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7. Name and Address of Current Registered Agent

Name

DAVIS, MARVA A

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

121 S. MADISON ST.

City

Quincy

FL

Zip Code

32351

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

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 PD  
NAME ROBERTS JOSEPH E  
STREET ADDRESS N 11th St Quincy Fla 32351  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPST  
NAME DAVIS MARVA A  
STREET ADDRESS 121 S. MADISON ST  
CITY-ST-ZIP Quincy FLA 32351

TITLE  
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STREET ADDRESS  
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Marva Davis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/07

Date

Daytime Phone #