

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P00000015992

1. Entity Name
SOLID GOLD ENTERPRISES, INC.



FILED

07 JUN -8 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
640 PAT THOMAS PKWY
QUINCY, FL 32351

Mailing Address
640 PAT THOMAS PARKWAY
QUINCY, FL 32351

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06112007 Chg-P CR2E034 (12/06)

4. FEI Number
59-3641361

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RADDAR, JAMAL
8550 HEATHCLIFF CT
TALLAHASSEE, FL 32312

7. Name and Address of New Registered Agent

Name MARIA A. DAVIS
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 Maria A. Davis 6/11/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fee
600105415426
07/08/07--01057--004 **61.25

10. OFFICERS AND DIRECTORS

TITLE PSTD
NAME RADDAR, JAMAL
STREET ADDRESS 8550 HEATHCLIFF CT
CITY-ST-ZIP TALLAHASSEE, FL 32312

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STREET ADDRESS
CITY-ST-ZIP

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 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: Maria A. Davis 6/11/07 850-875-9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #