

2005 FOR PROFIT CORPORATION ANNUAL REPORT

06-21-2005 90003 043 ***150.00
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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000057911

1. Entity Name
GOLDEN EAGLE DISTRIBUTORS INC.



Principal Place of Business
859 KENTUCKY WOODS LN EAST
ORLANDO, FL 32824

Mailing Address
859 KENTUCKY WOODS LN EAST
ORLANDO, FL 32824

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05202005

Chg-P

CR2E034 (10/03)

4. FEI Number
52-2248231

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REYES, RAFAEL L
859 KENTUCKY WOODS LN EAST
ORLANDO, FL 32824

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 \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME PD
STREET ADDRESS REYES, RAFAEL L
CITY-ST-ZIP 859 KENTUCKY WOODS LN EAST
ORLANDO, FL 32824 ☐ Delete

TITLE
NAME T
STREET ADDRESS REYES, MARIA
CITY-ST-ZIP 859 KENTUCKY WOODS LN E
ORLANDO FL 32824 ☐ Change ☒ Addition

TITLE
NAME V
STREET ADDRESS RODRIGUEZ, JENNIFER
CITY-ST-ZIP 333 SE DALVA AVE
PORT SAINT LUCIE, FL 34984 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/10/05

Date

407.855.2207
407.432.5130

Daytime Phone #