


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000067328
 1. Entity Name
 GOLDEN WORKS GROUNDS MAINTENANCE, INC.



Principal Place of Business 18330 SR 19 GROVELAND, FL 34736	Mailing Address 18330 SR 19 GROVELAND, FL 34736
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DO NOT WRITE IN THIS SPACE



02092005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3663132	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOLDEN, JENNIFER K
 18330 STATE ROAD 19
 GROVELAND, FL 34736

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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GOLDEN, RODNEY A 18330 STATE RD 19 GROVELAND, FL 34736
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GOLDEN, JENNIFER K 18330 STATE RD 19 GROVELAND, FL 34736
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04/14/05-80035-016 150.00

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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)(f), 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: Jennifer K. Golden Jennifer K. Golden 4/11/2005 (407) 797-7748
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #