

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90559 002 \*\*\*150.00

**DOCUMENT # P00000076319**

1. Entity Name  
**GOLD TONE PRODUCTS, INC.**



Principal Place of Business  
12399 SW 53 ST STE 104  
COOPER CITY, FL 33330

Mailing Address  
12399 SW 53 ST STE 104  
COOPER CITY, FL 33330

**20036049**



2. Principal Place of Business  
**1721 Blount Road**

3. Mailing Address  
**1721 Blount Road**

Suite, Apt. #, etc.  
**Suite #2**

Suite, Apt. #, etc.  
**Suite #2**

04012005 Chg-P CR2E034 (10/03)

City & State  
**Pompano Beach FL**

City & State  
**Pompano Beach FL**

4. FEI Number  
**65-1101224**

Applied For  
Not Applicable

Zip Country  
**33069 US**

Zip Country  
**33069 US**

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

**6. Name and Address of Current Registered Agent**

**CHIODO, DANIEL**  
**12399 SW 53RD ST**  
**SUITE 104**  
**COOPER CITY, FL 33330**

*new address →*

**7. Name and Address of New Registered Agent**

Name **Same agent**  
Street Address (P.O. Box Number is Not Acceptable)  
**1721 Blount Rd. Suite #2**  
**Pompano Beach**  
City **FL** Zip Code **33069**

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 *Daniel Chiodo*

Signatures, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/8/05**

**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **D** ☐ Delete  
NAME **CHLODO, DANIEL J**  
STREET ADDRESS **12399 SW 53 ST STE 104**  
CITY-ST-ZIP **COOPER CITY, FL 33330**

☒ Change ☐ Addition  
TITLE **1721 Blount Rd. Suite # 2**  
STREET ADDRESS **Pompano Beach, FL 33069**  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **CLINTON, LISA**  
STREET ADDRESS **14501 W PALOMINO DR**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33330**

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

TITLE **V** ☐ Delete  
NAME **PASLEY, DIANE**  
STREET ADDRESS **16267 ERIE PL**  
CITY-ST-ZIP **DAVIE, FL 33330**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 Section 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: *Daniel Chiodo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/8/05** **954-476-6335**  
Date Daytime Phone #