*2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Mar 08, 2004 8:00 am Secretary of State

Zig Country Zig Country Zig Country S. Conflicted of Status Desired S8.75 Address of Real Required Fee Required Registered Agent T. Name and Address of New Registered Agent Name CONWAY, SHERRY 3906 CENTRAL SARASOTA PARKWAY Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named emby, submits this statisty and for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent. SIGNATURE Service Advances Service Servi	DOCUMENT # P0100009555 1. Entity Name GOLDEN TANS II INC.					Secretary of State 02-24-2004 90021 036 ***150.00		
Suite. Apt. #, etc. City & State City & State 4. FEI Number 65-1069711 Applied State Address of Current Registered Agent CONWAY, SHERRY STORT Address (P.OBox Number is Not Acceptable) City FL Zig 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 femiliar with, and a few obligations of refligitered agent. SIGNATURE Profile Face groups of a feminal statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am femiliar with, and a few obligations of refligitered agent. SIGNATURE Profile Face groups of a feminal statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am femiliar with, and a few obligations of refligitered agent. SIGNATURE STEEL NOW III FEE S \$150.00 Applied State Applied State Office Applied State of Florida. I am femiliar with, and a few obligations of refligitered agent. SIGNATURE Profile Face groups of a feminal state agent for the purpose of changing its registered agent, or both, in the State of Florida. I am femiliar with, and a feminal state of Florida agent agent of the obligations of registered agent, or both, in the State of Florida. I am femiliar with, and a feminal state of Florida. I am femiliar with, and a feminal state of Florida. I am femiliar with, and a feminal state of Florida. I am femiliar with, and a feminal state of Florida. I am femiliar with, and a feminal state of Florida. I am femiliar with, and a feminal state of Florida. I am femiliar with, and a feminal state of Florida. I am femiliar with, and a feminal state of Florida. I am femiliar with, and a feminal state of Florida. I am femiliar with, and a	3906 CENTE SARASOTA	RAL SARASOTA PARKWAY	3906 CENTRAL SARA	ASOTA PA	ARKWAY	The second secon		AT LINE CONTRACTOR
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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 dicated 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 directly of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607. Florida Statutes: and that my name appears in Block 10 or Block	12. I hereby of indicated of the cor	on this report or supplemental report in poration or the receiver or trustee emp	is true and accurate and that cowered to execute this repor	for the exer t my signati rt as requir	nption stated in Se	same legal effect as it made under oa	ith: that Lam an officer.	or director
SIGNATURE: SIGNATURE AND DIRECTOR DATE OF SCHOOL OF SCHO	changed,	or on an attachment with an address,	with all other like empowered	Pel)	03-04-04	941 966 Z	<i>1881</i>