## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 15, 2007 8:00 am Secretary of State 03-15-2007 90019 019 \*\*\*150.00 DOCUMENT # P01000088444 RICH BOYINGTON GOLDSMITH, INC. 40036058 Principal Place of Business Mailing Address 13600 US HWY ONE STE 5 13600 US HWY ONE STE 5 SEBASTIAN, FL 32958 SEBASTIAN, FL 32958 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01102007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-1136454 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BOYINGTON, RICH Street Address (P.O. Box Number is Not Acceptable) 13600 US HWY ONE STE 5 SEBASTIAN, FL 32958 City Zip Code FL 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, good or printed name of regions agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Delete Change TITLE ☐ Addition TITLE BOYINGTON, RICHARD J NAME STREET ADDRESS 13600 US HWY ONE, SUITE 5 STREET ADDRESS SEBASTIAN, FL 32958 CITY-S1-ZIP CITY ST-ZIP TITLE Delete TITLE Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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12. I hereby certify that the information supplied with this filling 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 it 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.

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