

04-28-'05 11:24 FROM-

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90987 047 ***150.00

DOCUMENT # P01000096100					
1. Entity Name GOLD TOUCH AUTOMOTIVE, INC.					
Principal Place of Business 100 GOODLETTE RD. N NAPLES, FL 34102			Mailing Address 100 GOODLETTE RD. N NAPLES, FL 34102		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3742269	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BRZEZINSKI, SHIRLEY 730 S. COLLIER BLVD. UNIT 1303 MARCO ISLAND, FL 34145			7. Name and Address of New Registered Agent 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 <i>Shirley Brzezinski</i> (NOTE: Registered Agent signature required when reappointing) DATE					
FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00			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	V	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MACLEAN, GEORGE		NAME		
STREET ADDRESS	1823 W. PREDMORE		STREET ADDRESS		
CITY-ST-ZIP	OAKLAND, MI 48363		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	BRZEZINSKI, SHIRLEY		NAME		
STREET ADDRESS	730 S. COLLIER BLVD UNIT 1303		STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND, FL 34145		CITY-ST-ZIP		
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	BRZEZINSKI, DENISE		NAME		
STREET ADDRESS	1465 29TH STREET SW		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34117		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ 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		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 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: <i>Denise Brzezinski</i>			Date: 4/28/05 239 597-325		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

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