

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90373 034 ***150.00

DOCUMENT # P02000018037

1. Entity Name
GOLDEN CREEK, INC.



Principal Place of Business
**5365 WINEWOOD DR.
SARASOTA, FL 34232**

Mailing Address
**5365 WINEWOOD DR.
SARASOTA, FL 34232**

2. Principal Place of Business

6840 Friendship dr
Suite, Apt. #, etc.

3. Mailing Address

6840 Friendship dr
Suite, Apt. #, etc.



03212005 Chg-P CR2E034 (10/03)

City & State

Sarasota Florida

City & State

Sarasota Florida

4. FEI Number

01-0607371

Applied For

Not Applicable

Zip

34241

Country

U.S.

Zip

34241

Country

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SZABO, ZSOLT
5365 WINEWOOD DR.
SARASOTA, FL 34232**

7. Name and Address of New Registered Agent

Szabo, Zsolt

Street Address (P.O. Box Number is Not Acceptable)

6840

Friendship dr

City

Sarasota

FL

Zip Code

34241

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

Zsolt Szabo

4/11/05

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

(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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **SZABO, ZSOLT**
STREET ADDRESS **5365 WINEWOOD DR.**
CITY-ST-ZIP **SARASOTA, FL 34232**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Change ☐ Addition
NAME **SZABO, ZSOLT**
STREET ADDRESS **6840 Friendship dr**
CITY-ST-ZIP **Sarasota FL 34241**

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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:

Zsolt Szabo

4/11/05

941 6850240

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #