

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

2. Principal Place of Business 3. Mailing Address
6840 Friendship dr **6840 Friendship dr**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Sarasota Florida **Sarasota Florida**

Zip Country Zip Country
34241 **U.S.** **34241** **U.S.**



03212005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

SZABO, ZSOLT
5365 WINEWOOD DR.
SARASOTA, FL 34232

4. FEI Number Applied For
01-0607371 Not Applicable

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

7. Name and Address of New Registered Agent

Name **Szabo, Zsolt**

Street Address (P.O. Box Number is Not Acceptable) **6840**

City **Sarasota** State **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** **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	<input type="checkbox"/> Delete
NAME	SZABO, ZSOLT	
STREET ADDRESS	5365 WINEWOOD DR.	
CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SZABO, ZSOLT	
STREET ADDRESS	6840 Friendship dr	
CITY-ST-ZIP	Sarasota FL 34241	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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** **Zsolt Szabo** **4/11/05** **941 6850240**

Signature and typed or printed name of signing officer or director Date Daytime Phone #