

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000029850

1. Entity Name
GOLDING UNITED FISHHAWK II, INC.



Principal Place of Business

**27001 US HIGHWAY 19
SUITE 2095
CLEARWATER, FL 33761**

Mailing Address

**27001 US HIGHWAY 19
SUITE 2095
CLEARWATER, FL 33761**



02192007 No Chg-P CR2E034 (11/05)

4. FEI Number

02-0564599

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SCHER, DAVID
27001 US HIGHWAY 19
SUITE 2095
CLEARWATER, FL 33761**

**DO NOT WRITE
IN THIS SPACE**

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, 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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000707714
04/24/07-80096-001 158.75

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	POLLACK, LOREN
STREET ADDRESS	27001 US HIGHWAY 19 NORTH
CITY-ST-ZIP	CLEARWATER, FL 33761
TITLE	D
NAME	SCHER, DAVID
STREET ADDRESS	27001 US HIGHWAY 19 NORTH
CITY-ST-ZIP	CLEARWATER, FL 33761
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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: *Loren M Pollack* **Loren M Pollack**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/07

Date

727 796-1077

Daytime Phone #