

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P02000067260</b> 1. Entity Name <b>GOLDEN TOUCH RESTAURANT AND BAKERY, INC.</b>					
Principal Place of Business <b>7229 WAREHAM DR TAMPA, FL 33647</b>			Mailing Address <b>7229 WAREHAM DR TAMPA, FL 33647</b>		
2. Principal Place of Business <b>9310 N FLORIDA AVE</b>			3. Mailing Address <b>9310 N FLORIDA AVE</b>		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State <b>TAMPA FL</b>			City & State 		
Zip <b>33612</b>		Country <b>USA</b>		4. FEI Number <b>02-0635947</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LEWIS, HUBERT 7229 WAREHAM DR STE 1 TAMPA, FL 33647</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LEWIS, HUBERT 7229 WAREHAM DRIVE TAMPA, FL 33647</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> <b>800056780428</b>  <b>06/30/05--01022--008 **150.00</b> </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST LEWIS, HORTENSE 7229 WAREHAM DRIVE TAMPA, FL 33647</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD DENNIS, PARTICK 16102 CAMBRIA COURT TAMPA, FL 33647</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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:** Hortense Lewis  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

**FILED**  
 05 JUN 30 PM 4:49  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

  
 05312005 Chg-P CR2E034 (10/03)