

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000078679

FILED  
Apr 03, 2007  
Secretary of State

Entity Name: GOLDEN NEEDLE OF SW FLORIDA, INC.

## Current Principal Place of Business:

1225 TAMIAMI TRAIL- UNIT A3  
PT CHARLOTTE, FL 33953

## New Principal Place of Business:

## Current Mailing Address:

1225 TAMIAMI TRAIL- UNIT A3  
PT CHARLOTTE, FL 33953

## New Mailing Address:

FEI Number: 03-0471430

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

IZZO, JOHN P  
180 NO. INDIANA AVENUE  
ENGLEWOOD, FL 34223 US

## Name and Address of New Registered Agent:

WILSON, BETH  
17179 BONNIE AVE  
PORT CHARLOTTE, FL 33954 US

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.

SIGNATURE: BETH WILSON

04/03/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete  
Name: LYON, BRUCE M  
Address: 1225 TAMIAMI TRAIL- UNIT A3  
City-St-Zip: PT CHARLOTTE, FL 33953

Title: VPS ( ) Delete  
Name: LYON, CATHERINE E  
Address: 1225 TAMIAMI TRAIL- UNIT A3  
City-St-Zip: PT CHARLOTTE, FL 33953

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE LYON

DPT

04/03/2007

Electronic Signature of Signing Officer or Director

Date