

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2004 8:00 am
Secretary of State

06-23-2004 90002 012 ***150.00
07-16-2004 90011 018 ***400.00

DOCUMENT # P02000082229

1. Entity Name
GOLDEN OPPORTUNITY DIVERSITY INC.



Principal Place of Business
40312 SIXTH AVE.
UMATILLA, FL 32784

Mailing Address
PO BOX 2151
UMATILLA, FL 32784

54062883---

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06112004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

55-0789361

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JONES, THOMAS L
25555 SE 152ND PL
UMATILLA, FL 32784

Name Richard G. Midwood
Street Address (P.O. Box Number is Not Acceptable)

31915 CR 437

City

Sorrento

FL

Zip Code

32776

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 re-registering)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME P
STREET ADDRESS SLOVAK, DAVE M
CITY-ST-ZIP 40312 6TH AVE
UMATILLA, FL 32784

TITLE ☐ Delete
NAME VP
STREET ADDRESS BENTLY, ROY E II
CITY-ST-ZIP 1810 N CR 19A
UMATILLA, FL 32784

TITLE ☒ Delete
NAME S
STREET ADDRESS HAUCK, KEITH L
CITY-ST-ZIP 15433 CARROLLS CT
TAVARES, FL 32778

TITLE ☐ Delete
NAME T
STREET ADDRESS MIDWOOD, RICHARD G
CITY-ST-ZIP 31915 CR 437
SORRENTO, FL 32776

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

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

TITLE ☐ Change ☒ Addition
NAME S
STREET ADDRESS JERRY Sybert
CITY-ST-ZIP 27954 G South Point DRIVE
MILBERRY, OH 43447

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard G. Midwood Treas

Date

Daytime Phone #

2004 FOR PROFIT CORPORATION ANNUAL REPORT

Attachments

54062883

DOCUMENT # P02000082229 1. Entity Name GOLDEN OPPORTUNITY DIVERSITY INC.					
Principal Place of Business 40312 SIXTH AVE. UMATILLA, FL 32784			Mailing Address PO BOX 2151 UMATILLA, FL 32784		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		06112004 Chg-P CR2E034 (10/03)	
4. FEI Number 55-0789361				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JONES, THOMAS L 25555 SE 152ND PL UMATILLA, FL 32784			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SLOVAK, DAVE M ☐ Delete 40312 6TH AVE UMATILLA, FL 32784		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BENTLY, ROY E II ☐ Delete 1810 N CR 19A UMATILLA, FL 32784		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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SIGNATURE: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					