

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000093631**

1. Entity Name  
**GOLDEN ISLES BUSINESS CENTER, INC.**



Principal Place of Business  
**501 GOLDEN ISLES DRIVE  
SUITE 201 E  
HALLANDALE BEACH, FL 33009**

Mailing Address  
**501 GOLDEN ISLES DRIVE  
SUITE 201 E  
HALLANDALE BEACH, FL 33009**



05012006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**11-3651824**

Applied  
Not App

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**WILLIAMS, PATRICK  
501 GOLDEN ISLES DRIVE  
SUITE 201 E  
HALLANDALE BEACH, FL 33009**

**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 am 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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**000000562862**  
**05/19/06-80071-020 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
WILLIAMS, PATRICK  
501 GOLDEN ISLES DRIVE, SUITE 201 E  
HALLANDALE BEACH, FL 33009**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD  
IRVING, PETER  
501 GOLDEN ISLES DRIVE, SUITE 201 E  
HALLANDALE BEACH, FL 33009**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
ANDERSON, HOPETON  
501 GOLDEN ISLES DRIVE, SUITE 201 E  
HALLANDALE BEACH, FL 33009**

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 changed, or on an attachment with my address, with all other like empowered.

*3/1/06*