## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 28, 2005 08:00 AM Secretary of State **DOCUMENT # P02000129168** GOLDEN HORIZONS OF PALM COAST, INC. Principal Place of Business Mailing Address **6222 MISTY OAK COURT** 6222 MISTY OAK COURT\_ PORT ORANGE, FL 32127 PORT ORANGE, FL 32127 CR2E034 (10/03) No Chg-P 04222005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1164323 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE RILEY, SUGIE 6222 MISTY OAK COURT PORT ORANGE, FL 32127 IN THIS SPACE 3. 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 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. D TITLE RILEY, SUGIE HAME STREET ADDRESS 6222 MISTY OAK COURT PORT ORANGE, FL 32127 CITY-ST-ZIP TITLE U00000338333 04/28/05-80032-008 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE **JITIT** NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP בעדוד NAME

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 receiverpor 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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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FILED