

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000025142

Entity Name: GOLDEN GRIP ENTERPRISES, INC.

FILED
Mar 10, 2005
Secretary of State

Current Principal Place of Business:

687 ALDERMAN RD # 207
PALM HARBOR, FL 34683

Current Mailing Address:

687 ALDERMAN RD # 207
PALM HARBOR, FL 34683

New Principal Place of Business:

2909 GLENPARK ROAD
XX
PALM HARBOR, FL 34683

New Mailing Address:

2909 GLENPARK ROAD
XX
PALM HARBOR, FL 34683

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INCORPORATE USA, INC.
3150 SANDY RIDGE DR
CLEARWATER, FL 33761 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FENNELL, IV, FRANK
Address: 3 SOUTHMOOR DR
City-St-Zip: CLAYTON, MO 63105

Title: VP () Delete
Name: SMITH, GRANT
Address: 108 EMERALD DUNES DR
City-St-Zip: HENDERSON, NV 89052

Title: S,T () Delete
Name: JONES, MICHAEL H
Address: 2909 GLENPARK RD
City-St-Zip: PALM HARBOR, FL 34683

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S,T (X) Change () Addition
Name: FENNELL, IV, FRANK
Address: 3 SOUTHMOOR DR
City-St-Zip: CLAYTON, MO 63105

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

Title: P (X) Change () Addition
Name: JONES, MICHAEL H
Address: 2909 GLENPARK RD
City-St-Zip: PALM HARBOR, FL 34683

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL H JONES

P

03/10/2005

Electronic Signature of Signing Officer or Director

Date