

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2004 8:00 am
Secretary of State

06-07-2004 90005 015 ***150.00

DOCUMENT # P03000060646

1. Entity Name
TIMOTHY H. GOLDING, INC.



Principal Place of Business
**2017 MANGO TREE DR
EDGEWATER, FL 32141**

Mailing Address
**2017 MANGO TREE DR
EDGEWATER, FL 32141**

14023414

2. Principal Place of Business
606 Yupon Ave.
Suite, Apt. #, etc.

3. Mailing Address
606 Yupon Ave.
Suite, Apt. #, etc.



04202004 Chg-P CR2E034 (10/03)

City & State
New Smyrna Beach, FL
Zip
32169
Country
USA

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New Smyrna Beach, FL
Zip
32169
Country
USA

4. FEI Number
65-1188354
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**GOLDING, TIMOTHY H
2017 MANGO TREE DR
EDGEWATER, FL 32141**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

606 Yupon Ave.

City
New Smyrna Beach FL Zip Code
32169

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 *Timothy H. Golding*

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

6-4-04

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVST
GOLDING, TIMOTHY H
2017 MANGO TREE DR
EDGEWATER, FL 32141** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GOLDING, TIMOTHY H
2017 MANGO TREE DR
EDGEWATER, FL 32141** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**606 Yupon Ave
New Smyrna Beach, FL 32169** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**606 Yupon Ave
New Smyrna Beach, FL 32169** ☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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: *Timothy H. Golding*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-4-04
Date

3864275922
Daytime Phone #

Attachment

14023414

**TIMOTHY H. GOLDING, INC.
606 YUPON AVENUE
NEW SMYRNA BEACH, FLORIDA 32169**

June 4, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Document #P03000060646

My accountant preparing my income tax returns noticed that I had not paid the corporate filing fee for 2004 and notified me. I did not get a notice or form to do so and I did not know this was due. Enclosed is the 2004 Annual Report and a money order in the amount of \$150.00. Would you please waive any late fees that might otherwise be applicable.

Thank you for your consideration.

Very truly yours,

Timothy H. Golding

Timothy H. Golding
President