

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90357 001 ***450.00

DOCUMENT # P03000089032

1. Entity Name
GOLDEN GATE PROPERTIES, INC.



Principal Place of Business
**336 AYLESBURY LANE
DAVENPORT, FL 33837**

Mailing Address
**336 AYLESBURY LANE
DAVENPORT, FL 33837**

66416196



2. Principal Place of Business

2629 WAVERLY BARN RD

3. Mailing Address

2629 Waverly Barn Rd

Suite, Apt. #, etc.

SUITE 129

Suite, Apt. #, etc.

SUITE 129

City & State

DAVENPORT FL

City & State

DAVENPORT FL

Zip

33897

Country

USA

Zip

33897

Country

USA

04242004

Chg-P

CR2E034 (10/03)

4. FEI Number

20-0737799

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**THE ALLEN LAW FIRM, P.A.
170 NORTH FLORIDA AVENUE
BARTOW, FL 33830**

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

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, 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 **PT** ☒ Delete
NAME **BERNSTEIN, WALTER**
STREET ADDRESS **336 AYLESBURY LANE**
CITY-ST-ZIP **DAVENPORT, FL 33837**

TITLE **VS** ☒ Delete
NAME **AALBREGT, BETTY**
STREET ADDRESS **336 AYLESBURY LANE**
CITY-ST-ZIP **DAVENPORT, FL 33837**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **PT** ☒ Change ☐ Addition
NAME **BERNSTEIN WALTER**
STREET ADDRESS **2629 WAVERLY BARN ROAD SUITE 129**
CITY-ST-ZIP **DAVENPORT FL 33897**

TITLE **VS** ☒ Change ☐ Addition
NAME **AALBREGT BETTY**
STREET ADDRESS **2629 WAVERLY BARN RD SUITE 129**
CITY-ST-ZIP **DAVENPORT FL 33897**

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

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

Yvonne Bernstein

04/26/04

863-424-8795

Date

Daytime Phone #