

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90122 009 \*\*\*150.00

60012742



01162007 Chg-P CR2E034 (12/06)

4. FEI Number 90-0125696 Applied For Not Applicable

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

DOCUMENT # P04000014355  
1. Entity Name  
GOLDENS HR, INC.



Principal Place of Business  
3078 TAMIAMI TRAIL NORTH  
SUITE 200  
NAPLES, FL 34103

Mailing Address  
3078 TAMIAMI TRAIL NORTH  
SUITE 200  
NAPLES, FL 34103

2. Principal Place of Business - No P.O. Box #  
9175 Celeste Drive  
Suite, Apt. #, etc.  
307

3. Mailing Address  
9175 Celeste Drive  
Suite, Apt. #, etc.  
307

City & State  
Naples, FL

City & State  
Naples, FL

Zip  
34113

Country  
USA

Zip  
34113

Country  
USA

6. Name and Address of Current Registered Agent  
PARKER, LARRY  
3078 TAMIAMI TRAIL NORTH  
SUITE 200  
NAPLES, FL 34103

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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOLDEN, AUTUM P 21301 S TAMIAMI TRAIL SUITE 320 PMB 162 ESTERO, FL 33928	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9175 Celeste Drive Naples, FL 34113
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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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Autum P. Golden / Autum P. Golden / 2-1-07 / 239 777-7092  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #