


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90044 013 ***150.00

DOCUMENT # P04000025082 1. Entity Name GOLDEN GATE COMMUNITY FESTIVAL, INC.					
Principal Place of Business 794 17TH STREET SW NAPLES, FL 34120			Mailing Address 794 17TH STREET SW NAPLES, FL 34120		
2. Principal Place of Business - No P.O. Box # 4701 GOLDEN GATE PRKY		3. Mailing Address 4701 GOLDEN GATE PRKY			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State NAPLES, FL		City & State NAPLES FL		4. FEI Number 18-0384096	
Zip 34116		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 34116		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARTMAN, LINDA 794 17TH STREET, SW NAPLES, FL 34120				7. Name and Address of New Registered Agent Name WM. E. ARTHUR Street Address (P.O. Box Number is Not Acceptable) 4200-22ND PLACE S.W. City NAPLES FL Zip Code 34116	
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 <u><i>WM. E. ARTHUR</i></u> WM. E. ARTHUR DATE 1-22-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D <input checked="" type="checkbox"/> Delete HARTMAN, LINDA 794 17TH STREET SW NAPLES, FL 34120		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete TUFF, RUSSELL 2842 44TH TERRACE SW NAPLES, FL 34116		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ARTHUR, WILLIAM 4200 22ND PLSW NAPLES, FL 34116		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE D NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JIM KLOC III 4257 32ND PLACE S.W. NAPLES, FL 34116	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE T NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Toby Buerger 151 Cypress way E. #C105 NAPLES, FL 34110	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>WM. E. ARTHUR</i></u> WM. E. ARTHUR Date 1-22-07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					