

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90048 010 \*\*\*150.00

**DOCUMENT # P04000054794**

1. Entity Name  
**FLORIDA GOLD INVESTMENT CORP.**



Principal Place of Business  
**4250 CORONADO PKWY  
CAPE CORAL, FL 33904**

Mailing Address  
**4250 CORONADO PKWY  
CAPE CORAL, FL 33904**



01182006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**41-2132386**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**GOMEZ, ALBA P  
4250 CORONADO PKWY  
CAPE CORAL, FL 33904**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GOMEZ, ALBA P
STREET ADDRESS	4250 CORONADO PKWY
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	VP
NAME	PARDO, MARIA E
STREET ADDRESS	4250 CORONADO PKWY
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #