

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P04622
 1. Entity Name
 GOLDCO, INC.



Principal Place of Business
 2330 MONTGOMERY HIGHWAY
 DOTHAN, AL 36303 US

Mailing Address
 2330 MONTGOMERY HWY
 DOTHAN, AL 36303 US

DO NOT WRITE IN THIS SPACE



04172006 No Chg-P CR2E034 (11/05)

4. FEI Number
 63-0797358 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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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 _____
Signature, typed or printed name of registered agent and file if applicable

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 NAME STREET ADDRESS CITY-ST-ZIP	PTD APPLEFIELD, BRYAN M. 8701 LAGOONA DR. PANAMA CITY BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD APPLEFIELD, HELEN E. 8701 LAGOONA DR. PANAMA CITY BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000539705
 05/09/06-80110-011 158.75

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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: *[Signature]* 334-193-0997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #