

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90141 002 \*\*\*150.00

<b>DOCUMENT # P05000013860</b>					
<b>1. Entity Name</b> GOLCO ENTERPRISES, INC.					
<b>Principal Place of Business</b> 1255 BELLE AVENUE UNIT 104 WINTER SPRINGS, FL 32708 US			<b>Mailing Address</b> P.O. BOX 621127 OVIEDO, FL 32762 US		
<b>2. Principal Place of Business</b> 1000 SOUTH DIXIE HWY UNIT Suite, Apt. #, etc. SUITE #2 City & State Pompano Beach FL Zip 33060 Country USA		<b>3. Mailing Address</b> 522 NE 8TH AVE Suite, Apt. #, etc. DEERFIELD BEACH City & State FL Zip 33441 Country USA			
01232006 Chg-P CR2E034 (11/05)		<b>4. FEI Number</b> 86-1128092		Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>6. Name and Address of Current Registered Agent</b> GOLEMBESKI, GARY J 1255 BELLE AVENUE UNIT 104 WINTER SPRINGS, FL 32708	
<b>7. Name and Address of New Registered Agent</b> Name GOLEMBESKI, GARY J Street Address (P.O. Box Number is Not Acceptable) 1000 SOUTH DIXIE HWY WEST #2 City Pompano Beach FL Zip Code 33060				<b>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.</b> SIGNATURE:  (PRES) GARY J. GOLEMBESKI 4/2/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES GOLEMBESKI, GARY J 1255 BELLE AVENUE, UNIT 104 WINTER SPRINGS, FL 32708	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES GOLEMBESKI, GARY J 1000 SOUTH DIXIE HWY WEST #2 Pompano Beach FL 33060	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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
<b>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.</b>					
SIGNATURE:  (PRES) GARY J. GOLEMBESKI (PRES) 4/2/06 579-8279 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					