

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90036 043 ***150.00

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1. Entity Name
GOLDEN OPPORTUNITY TUTORING, INC.

Principal Place of Business
**1749 N.E. 10TH TERRACE
#9
CAPE CORAL, FL 33909**

Mailing Address
**% ROBERT D ROYSTON, JR., ESQ.
P.O. DRAWER 60205
FORT MYERS, FL 33906**



40007000



2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip

Country

3. Registered Agent
**JOHN M. WICKER, P.A.
P.O. DRAWER 60205
FORT MYERS, FL 33906**

4. FEI Number
06-1753034

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

6. Name and Address of Current Registered Agent
**ROYSTON, JR., ROBERT D ESQ
COSTELLO & ROYSTON
12670 NEW BRITTANY BLVD. SUITE 101
FORT MYERS, FL 33907**

7. Name and Address of New Registered Agent
**JOHN M. WICKER, P.A.
12670 NEW BRITTANY BLVD., STE 101
FORT MYERS, FL 33907**

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 DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	DP NELSON, BARBARA A 16900 CAROLYN LANE NORTH FORT MYERS, FL 33917 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DVPS HOENK, THOMAS 16900 CAROLYN LANE NORTH FORT MYERS, FL 33917 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T HOENK, THOMAS 16900 CAROLYN LANE NORTH FORT MYERS, FL 33917 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ 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: **Thomas Hoenk**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR