**FILED**
**Apr 06, 2006 8:00 am**
**Secretary of State**
03-17-2006 90126 003 ***150.00

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000106993

1. Entity Name
GOLDEN YEARS HEALTH CLUB, INC.

66008895

| Principal Place of Business | Mailing Address |
|---|---|
| 2886 TAMIAMI TRAIL<br>SUITE 5<br>PORT CHARLOTTE, FL 33952 | 2886 TAMIAMI TRAIL<br>SUITE 5<br>PORT CHARLOTTE, FL 33952 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

03112006 Chg-P CR2E034 (11/05)

4. FEI Number 20-3236472 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

LINDSEY, BETH
2086 ALLIANCE AVE.
NORTHPORT, FL 34286

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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, 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 | P<br>LINDSEY, BETH<br>2086 ALLIANCE AVENUE<br>NORTHPORT, FL 34286 | ☐ Delete |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>LINDSEY, BETH<br>2086 LINDSEY AVENUE<br>NORTHPORT, FL 34286 | ☐ Delete |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
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| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| 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: Elizabeth N Lindsey 3/14/06 625-1110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #