

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 08, 2008 8:00 am**  
**Secretary of State**

02-08-2008 90032 034 \*\*\*150.00

**DOCUMENT # P05000106993**

1. Entity Name

**GOLDEN YEARS HEALTH CLUB, INC.**



Principal Place of Business

**2886 TAMiami TRAIL  
SUITE 5  
PORT CHARLOTTE FL 33952**

Mailing Address

**2886 TAMiami TRAIL  
SUITE 5  
PORT CHARLOTTE FL 33952**



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

**4161 Tamiami Trail**

Suite, Apt. #, etc.

**704**

City & State

**Port Charlotte FL**

Zip

**33952**

Country

**USA**

3. Mailing Address

**4161 Tamiami Trail**

Suite, Apt. #, etc.

**704**

City & State

**Port Charlotte**

Zip

**33952**

Country

**USA**

1st MOORE

CR2E034 (10/07)

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  
2864 OCEANSIDE STREET  
NORTHPORT FL 34286**

7. Name and Address of New Registered Agent

Name

**Beth Lindsey**

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

**4161 Tamiami Trail**

**Unit 704**

City

**Port Charlotte**

FL

Zip Code

**33952**

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

*Beth Lindsey*

(NOTE: Registered Agent signature required when constituting)

DATE

**1/31/08**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **LINDSEY, BETH**  
STREET ADDRESS **2864 OCEANSIDE STREET**  
CITY-ST-ZIP **NORTHPORT FL 34286**

TITLE **T** ☐ Delete  
NAME **LINDSEY, BETH**  
STREET ADDRESS **2864 OCEANSIDE STREET**  
CITY-ST-ZIP **NORTHPORT FL 34286**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 #

**1/30/08**