## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 23, 2007 8:00 am Secretary of State 02-23-2007 90024 036 \*\*\*150.00 DOCUMENT # P06000036909 GOLDCO GENERAL, INC. 6001020-Principal Place of Business Mailing Address 8652 SW 42ND PL 8652 SW 42ND PL GAINESVILLE, FL 32608 GAINESVILLE, FL 32608 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01252007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-4603035 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CAHAN, RICHARD J ESQ. Street Address (P.O. Box Number is Not Acceptable) 121 ALHAMBRA PLAZA 10TH FL CORAL GABLES, FL 33134 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 Signature, Typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE GOLD: MARK NAME NAME 8652 SW 42ND PL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GAINESVILLE, FL 32608 CITY-ST-ZIP 157 TITLE D ☐ Delete TITLE ☐ Change Addition GOLD, JANICE NAME NAME STREET ADDRESS 8652 SW 42ND PL STREET ADDRESS GAINESVILLE, FL 32608 CITY-ST-ZIP CITY-ST-ZIP Gold, Steven T 1457 Noble Rd Delete TITLE TITLE Change Addition GOLD, STEVEN T NAME NAME STREET ADDRESS 1520 GOLF TERR DR STREET ADDRESS TALLAHASSEE, FL 32301 CITY-ST-ZIP CITY - ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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.

Janice A. Gold X2/22/07

FILED