

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90025 006 ***150.00

DOCUMENT # P07000010727

1. Entity Name
GOLDS INSURANCE GROUP, INC



Principal Place of Business 112 GOLDENWOOD AVENUE BRANDON, FL 33511	Mailing Address 112 GOLDENWOOD AVENUE BRANDON, FL 33511
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2. Principal Place of Business - No P.O. Box # 896 Franklin Circle	3. Mailing Address 896 Franklin Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Palm Harbor, florida	City & State Palm Harbor, Florida
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Zip 34683	Country USA	Zip 34683	Country USA
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04012008 Chg-P CR2E034 (12/06)

4. FEI Number 20-8267904	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**MINDERMAN, STEPHEN H
 112 GOLDENWOOD AVENUE
 BRANDON, FL 33511**

7. Name and Address of New Registered Agent

Name
Minderman, Stephen H.

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

City **Palm Harbor** **FL** Zip Code **34683**

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 **Stephen H. Minderman** *Stephen H Minderman* **31 Mar 08**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MINDERMAN, STEPHEN H 112 GOLDENWOOD AVENUE BRANDON, FL 33511	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MINDERMAN, AUDREY L 112 GOLDENWOOD AVENUE BRANDON, FL 33511	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HEYING, COREY L 112 GOLDENWOOD AVENUE BRANDON, FL 33511	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Minderman, Stehpen H. 896 Franklin Circle Palm Harbor, Florida 34683	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Minderman, Audrey L. 896 Franklin Circle Palm Harbor, Florida 34683	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Heying, Corey L. 896 Franklin Circle Palm Harbor, Florida 34863	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

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: **Stephen H. Minderman** *Stephen H Minderman* **31 Mar 08** **813-651-1121**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #