

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000121264

FILED
Apr 27, 2009
Secretary of State

Entity Name: SIFONTE'S GOLDEN REALTY, INC.

Current Principal Place of Business:

3348 S. ORANGE BLOSSOM TRAIL
KISSIMMEE, FL 34746 US

New Principal Place of Business:

3309 S. ORANGE BLOSSOM TRAIL
KISSIMMEE, FL 34746 US

Current Mailing Address:

3348 S. ORANGE BLOSSOM TRAIL
KISSIMMEE, FL 34746 US

New Mailing Address:

3309 S. ORANGE BLOSSOM TRAIL
KISSIMMEE, FL 34746 US

FEI Number: 26-1378386

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIFONTE, RAFAEL
3348 S. ORANGE BLOSSOM TRAIL
KISSIMMEE, FL 34746 US

Name and Address of New Registered Agent:

SIFONTE, RAFAEL
3309 S. ORANGE BLOSSOM TRAIL
KISSIMMEE, FL 34746 US

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.

SIGNATURE: RAFAEL SIFONTE

04/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SIFONTE, RAFAEL
Address: 106 LAKE ELSIE DR
City-St-Zip: HAINES CITY, FL 33844 US

Title: S () Delete
Name: SIFONTE, SUSAN L
Address: 106 LAKE ELSIE DR
City-St-Zip: HAINES CITY, FL 33844 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAFAEL SIFONTE

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04/27/2009

Electronic Signature of Signing Officer or Director

Date