

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000052739

Entity Name: COLDEN COMPANY, INC.

**FILED**  
**Jan 12, 2010**  
**Secretary of State**

## **Current Principal Place of Business:**

204 PINE ARBOR CIRCLE  
ST. AUGUSTINE, FL 32084 US

## **New Principal Place of Business:**

## **Current Mailing Address:**

204 PINE ARBOR CIRCLE  
ST. AUGUSTINE, FL 32084 US

## **New Mailing Address:**

3501B N. PONCE DE LEON BLVD  
PMB 383  
ST. AUGUSTINE, FL 32084 US

FEI Number: 27-0423900

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

LAPOINTE, JAMES  
204 PINE ARBOR CIRCLE  
ST. AUGUSTINE, FL 32084 US

## **Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: PRES  
Name: LAPOINTE, JAMES  
Address: 204 PINE ARBOR CIRCLE  
City-St-Zip: ST. AUGUSTINE, FL 32084

I hereby 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 all other like empowered.

SIGNATURE: JAMES LAPOINTE

PRES

01/12/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date