2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Apr 16, 2007 08:00 AM Secretary of State

DOCUMENT	#	P930	000	05650)
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1. Entity Name GOLDEN MOTORS, INC.



Principal Place of Business

Mailing Address

1550 SOUTH TAMIAMI TRAIL VENICE, FL 34293 US

1550 SOUTH TAMIAMI TRAIL VENICE, FL 34293 US



03132007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0384765

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOLDEN, ROBERT E

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1550 S. TA VENICE, F	AMIAMI TR. FL 34293					THIS SPACE	
	named entity submits this statement for the p tions of registered agent.	urpose of changing its registere	ed office or r	egistered age	ent, or bot	oth, in the State of Florida. I am familiar with, and accep	it
SIGNATURE_	Signature, typed or printed name of registered agent and title it	il applicable (NOTE Registered	d Agent signature	required when rel	instating)	DATE	
FIL: After M:	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.		\$5.00 M Added to F	lay Be ees		
10.	OFFICERS AND DIREC	TORS			• • • •		• ,
TITLE Name Street address City-St-Zip	P GOLDEN, ROBERT E 1550 S. TAMIAMI TRAIL VENICE, FL 34293						•
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOLDEN, DONNA 522 HABITAT BLVD OSPREY, FL 34229						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOLDEN, LORETTA 1550 S. TAMIAMI TRAIL VENICE, FL 34293				DO	NOT WRITE	•
TITLE NAME STREET ADDRESS CITY-ST-ZIP			40 July 1		IN 7	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			i na di			U00000712084	ír
TITLE NAME	_	,				04/26/07-80033-019,158.7	Ŋ

12. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP