

FOR-PROFIT CORPORATION ANNUAL REPORT

For Office Use Only

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DOCUMENT #

1. Entity Name **GOLDEN MOTORS, INC.**
993000005650



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FILED

11 JUN 22 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E034B (11/08)

2. Principal Place of Business - No P.O. Box #

462 RUBENS DRIVE E.

3. Mailing Address

462 RUBENS DRIVE E.

City & State

NOKOMIS, FL

City & State

NOKOMIS, FL

4. FEI Number

65-0384765

Applied For

Not Applicable

Zip

34275

Country

USA

Zip

34275

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

ROBERT E. GOLDEN

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

462 RUBENS DRIVE E.

City

NOKOMIS

FL

Zip Code

34275

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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

Robert E. Golden

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

6-7-2011

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

ROBERT E. GOLDEN, PRESIDENT

462 RUBENS DRIVE EAST

NOKOMIS, FL 34275 P.I.V./T/S/

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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STREET ADDRESS

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NAME

STREET ADDRESS

CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert E. Golden, Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-7-2011 941-232-0392

Date

Daytime Phone #