


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 28, 2004 8:00 am
Secretary of State

05-28-2004 90005 020 ***158.75

DOCUMENT # P93000028530 1. Entity Name GOLDEN ART & ARCHITECTURE, INC.					
Principal Place of Business 2611 OLD OKEECHOBEE RD WEST PALM BEACH FL 33409 US			Mailing Address 2611 OLD OKEECHOBEE RD WEST PALM BEACH FL 33409 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ELLIOTT, NEIL 2611 OLD OKEECHOBEE RD WEST PALM BEACH FL 33409				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPST		<input type="checkbox"/> Delete		
NAME	ELLIOTT, NEIL		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	2611 OLD OKEECHOBEE RD		TITLE		
CITY-ST-ZIP	WEST PALM BEACH FL 33409		NAME		
TITLE	DVP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ELLIOTT, WALTER J IV		STREET ADDRESS		
STREET ADDRESS	2611 OLD OKEECHOBEE RD		CITY-ST-ZIP		
CITY-ST-ZIP	WEST PALM BEACH FL 33409		TITLE		
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Neil Elliott</i>			Date: <i>5/1/04</i> Daytime Phone #: <i>561-242-4878</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					