# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 03, 2005 8:00 am**
**Secretary of State**
03-03-2005 90182 014 ***150.00

50022387

DOCUMENT # P93000087971

1. Entity Name
GOLD TOUCH OF FLORIDA, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 195 DIKE RD.<br>W. MELBOURNE, FL 32904 | 195 DIKE RD.<br>W. MELBOURNE, FL 32904 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

03012005 Chg-P CR2E034 (10/03)

4. FEI Number: 65-0465464 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| PHYLLIS COLLINS<br>195 DIKE RD.<br>W. MELBOURNE, FL 32904 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL Zip Code |

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: _____
Signature of a new registered agent (if applicable) / Printed or typed name of registered agent and title if applicable / Date

**FILE NOW!!! PER IS $150.00**
**After May 1, 2005 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/DELETIONS TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|
| Title<br>Name<br>Street Address<br>City-St-Zip | P ☑ Delete<br>COLLINS, PHYLLIS R<br>6955 HWY A1A<br>MELBOURNE BEACH, FL 32951 | Title<br>Name<br>Street Address<br>City-St-Zip | P ☑ Change ☐ Addition<br>COLLINS, PHYLLIS R<br>195 DIKE RD.<br>MELBOURNE, FL. 32904 |
| Title<br>Name<br>Street Address<br>City-St-Zip | VPT ☑ Delete<br>COLLINS, MARC<br>6955 HWY A1A<br>S. MELBOURNE BCH, FL 32951 | Title<br>Name<br>Street Address<br>City-St-Zip | VPT ☑ Change ☐ Addition<br>COLLINS, MARC<br>195 DIKE RD.<br>MELBOURNE, FL. 32904 |
| Title<br>Name<br>Street Address<br>City-St-Zip | ☐ Delete | Title<br>Name<br>Street Address<br>City-St-Zip | ☐ Change ☐ Addition |
| Title<br>Name<br>Street Address<br>City-St-Zip | ☐ Delete | Title<br>Name<br>Street Address<br>City-St-Zip | ☐ Change ☐ Addition |
| Title<br>Name<br>Street Address<br>City-St-Zip | ☐ Delete | Title<br>Name<br>Street Address<br>City-St-Zip | ☐ Change ☐ Addition |
| Title<br>Name<br>Street Address<br>City-St-Zip | ☐ Delete | Title<br>Name<br>Street Address<br>City-St-Zip | ☐ Change ☐ Addition |

DUE TO HURRICANE

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:** PHYLLIS COLLINS 03/01/05 321-676-0033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone