

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2005 8:00 am
Secretary of State

07-06-2005 90034 011 ***150.00

DOCUMENT # P94000071112

1. Entity Name
GOLDEN FLEECE PRODUCTS, INC.



Principal Place of Business
**1500 WEST SUNTURF STREET
LECANTO, FL 34461**

Mailing Address
**1500 WEST SUNTURF STREET
LECANTO, FL 34461**

20061640



2. Principal Place of Business
1500 W. Sun turf St
Suite, Apt. #, etc.

3. Mailing Address
1500 W. Sun turf St
Suite, Apt. #, etc.

06062005 Chg-P CR2E034 (10/03)

City & State
Lecanto, FL
Zip
34461 Country
USA

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Lecanto, FL
Zip
34461 Country
USA

4. FEI Number
65-0524019 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NORTON, GLEN
**1500 WEST SUNTURF STREET
LECANTO, FL 34461**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **NORTON, PAUL**
STREET ADDRESS **1500 WEST SUNTURF STREET**
CITY - ST - ZIP **LECANTO, FL 34461**

TITLE **D** ☐ Delete
NAME **GLEN, NORTON**
STREET ADDRESS **1500 W. SUNTURF ST.**
CITY - ST - ZIP **LECANTO, FL 34461**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE ☐ Change ☐ Addition
NAME
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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: **Glen B. Norton - Pres**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

352-
6-26-05-302-3980
Date Daytime Phone #

ATTACHMENT

2606146
P9400007 1112

Golden Fleece Products
1500 West Sunturf Street
Lecanto, FL 34461
352-628-2688
352-628-1405 fax
www.goldenfleece.net

Division of Corporations
PO Box 6198
Tallahassee, FL 32314-6198

Re: Annual Report Notice

June 2, 2005

To Whom It May Concern:

My bookkeeper has brought to my attention that our fee for our Annual Report is due. We have not received notice of this, but I am enclosing a check in the appropriate amount.

Sincerely,



Glen Norton
Owner/President