


2005 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000029559
 1. Entity Name
 GOLDEN COMB, INC.



Principal Place of Business
 5880 RIDGEWOOD AVENUE
 PORT ORANGE, FL 32127

Mailing Address
 935 BIG TREE ROAD
 S. DAYTONA, FL 32119

DO NOT WRITE IN THIS SPACE



01072005 No Chg-P CR2E034 (10/03)

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|--|--------------------------------|
| 4. FEI Number 59-3314580 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
 BATTISTE, SANDRA K
 935 BIG TREE RD.
 S. DAYTONA, FL 32119

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE 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

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD BATTISTE, SANDRA K 935 BIG TREE ROAD SOUTH DAYTONA, FL 32119 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP BATTISTE, JERRY F 935 BIG TREE ROAD S. DAYTONA, FL 32119 |
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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: Sandra Kay Battiste SANDRA KAY BATTISTE 1/9/05 (386)767-9920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #