

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90079 027 ***150.00

DOCUMENT # P95000058026

1. Entity Name
ANDREW GOLDEN, INC.



Principal Place of Business
**967 W RAMBLINE DR.
WEST PALM BEACH, FL 33414**

Mailing Address
**967 W RAMBLINE DR.
WEST PALM BEACH, FL 33414**



2. Principal Place of Business
967 W. Rambling Dr

3. Mailing Address
PO Box 1577

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01262005 Chg-P CR2E034 (10/03)

City & State
West Palm Beach, FL

City & State
Loxahatchee, FL

4. FEI Number
65-0608950

Applied For
☐ Not Applicable

Zip
33414

Country
US

Zip
33470

Country
US

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

**GOLDEN, ANDREW R
967 W RAMBLINE DR.
WEST PALM BEACH, FL 33414**

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 true if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**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
**P
GOLDEN, ANDREW R
325 NORTH M. STREET
LAKE WORTH, FL 33460** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
GOLDEN, ANDREW R
967 W. Rambling Dr.
W.P.B. FL 33414** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/02/05 (561) 723-4481
Date Daytime Phone #