## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000058026

1. Entity Name ANDREW GOLDEN, INC.



FILED Apr 23, 2008 08:00 AN Secretary of State

Principal Place of Business

967 W RAMBLINE DR. WEST PALM BEACH, FL 33414

Mailing Address

P.O. BOX 1577

LOXAHATCHEE, FL 33470



03302008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0608950

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

## DO NOT WRITE IN THIS SPACE

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-it applicable (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Finance Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	000000916428 05/12/08-80027-021 150.00
10.	OFFICERS AND DIREC	TORS			- A
TITLE	P			i	
NAME	GOLDEN, ANDREW R				
STREET ADDRESS CITY-ST-ZIP	967 WEST RAMBLING DRIVE WEST PALM BEACH, FL 33414				<i>)</i>
	WEST FALM BEACH, FL 33414				
TITLE NAME					•
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	,				
NAME					
STREET ADDRESS				DO	NOT WRITE
CITY-SI-ZIP	· · · · · · ·				i.
TITLE				IN "	THIS SPACE
NAME STREET ADDRESS					
CITY-SI-ZIP					
TITLE					
NAME					~
STREET ADDRESS				•	
CITY-ST-ZIP					
TITLE				•	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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:

STREET ADDRESS CITY-ST-ZIP

flider or w

04/97/08

561-123-448