

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

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

02-07-2005 90053 011 \*\*\*150.00

**DOCUMENT # P95000074124**

1. Entity Name  
**GOLDEN STEEPLECHASERS, INC.**



Principal Place of Business <b>101 E KENNEDY BLVD          #3300          TAMPA, FL 33602 US</b>	Mailing Address <b>101 E KENNEDY BLVD          #3300          TAMPA, FL 33602 US</b>
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**DO NOT WRITE IN THIS SPACE**

40010330



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3334302</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**GORDON, BRAD A  
 101 EAST KENNEDY BLVD.  
 STE 3300  
 TAMPA, FL 33602**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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	PD MICHAELS, J. PATRICK JR. 101 E KENNEDY BLVD #3300 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS GORDON, BRAD A 101 E KENNEDY BLVD #3300 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RAINEY, DORIS D 101 E KENNEDY BLVD #3300 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT RODGERS, JOAN 101 E KENNEDY BLVD #3300 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:** Joan Rodgers VT 01/10/05 813-226-8844

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JOAN RODGERS