

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000074124 1. Entity Name GOLDEN STEEPLECHASERS, INC.	
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Principal Place of Business 101 E KENNEDY BLVD #3300 TAMPA, FL 33602 US	Mailing Address 101 E KENNEDY BLVD #3300 TAMPA, FL 33602 US
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01162007 No Chg-P GR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3334302	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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	VPT GORDON, BRAD A 101 E KENNEDY BLVD #3300 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS RAINEY, DORIS D 101 E KENNEDY BLVD #3300 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILSON, KIMBERLY L 101 E KENNEDY BLVD 3300 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U00000664936
03/23/07-80003-022 150.00

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: Doris D. Rainey 1-19-07 813-226-8844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #