2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000007657

1. Entity Name
GOLD INVESTMENTS OF PONTE VEDRA, INC.

Principal Place of Business	Mailing Address
GOLD INVESTMENTS OF P.V. INC 6000 C SAWGRASS VILLAGE CIRCLE PONTE VEDRA BEACH, FL 32082 US	GOLD INVESTMENTS OF P V INC 6000 C SAWGRASS VILLAGE PONTE VEDRA BEACH, FL 32082 US

03172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3360582
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GOLD, KEITH D
6000 C SAWGRASS VILLAGE CIRCLE
PONTE VEDRA BEACH, FL 32082

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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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GOLD, KEITH D
STREET ADDRESS	204 CLEARWATER DRIVE
CITY-ST-ZIP	PONTE VEDERA BEACH, FL 32082
TITLE	S
NAME	GOLD, BRIAN
STREET ADDRESS	10961 BURNT MILL ROAD #1634
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	D
NAME	GOLD, RUSSELL D
STREET ADDRESS	25430 OAKS BLVD
CITY-ST-ZIP	LAND O LAKES, FL 34639
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/15/08-80066-014 150.00

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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: _____ 3/17/08 904-285-5669
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #