

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P96000087582

1. Entity Name
GOLD MEDALLION HOMES, INC.



Principal Place of Business
19909 US HWY 41 N
LUTZ, FL 33549 US

Mailing Address
19909 US HWY 41 N
LUTZ, FL 33549 US



08092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3408464	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

KELLY, ROBERT A JR
19909 US 41
LUTZ, FL 33549

**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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, ELIZABETH J 301 LAKE KELL CT. LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, ROBERT A JR 301 LAKE KELL CT. LUTZ, FL 33549
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08/13/07-80001-011 150.00

**DO NOT WRITE
IN THIS SPACE**

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

8/9/07
Date

815-948-0354
Daytime Phone #