2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR

Mar 08, 2005 8:00 am **Secretary of State** DOCUMENT # P96000102099 1. Entity Name 03-08-2005 90176 049 ***150.00 THE GOLDEN EGG, INC. Principal Place of Business Mailing Address 117 GORNTO LAKE RD BRANDON FL 33510 4218 HENDERSON BLVD **TAMPA FL 33629** 2. Principal Place of Business 3625 B. South Manhattar 3. Mailing Address same Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) City State Applied For City & State 4. FEI Number 59-3433086 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired HILSBOVOX 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BERTRAN, ROBIN C Street Address (P.O. Box Number is Not Acceptable) 117 GORNTO LAKE RD **BRANDON FL 33510** Zip Code City 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 if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ Addition TITLE Delete TITLE BERTRAN, ROBIN C NAME NAME STREET ADDRESS 117 GORNTO LAKE RD STREET ADDRESS CITY-ST-ZIP **BRANDON FL 33510** CITY-ST-ZIP Addition ☐ Delete TITLE TITLE Joseph R. Pendino Lake Rd NAME NAME STREET ADDRESS STREET ADDRESS Brandon PL 33510 CITY-ST-ZIP CITY-ST-7IP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Detete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

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