


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90041 033 ***150.00

DOCUMENT # P97000036735	
1. Entity Name GOLDEN BISCUIT, INC.	

Principal Place of Business GOLDEN BISCUIT INC. 223 CANAL STREET NEW SMYRNA BEACH, FL 32168 US	Mailing Address GOLDEN BISCUIT INC. 223 CANAL STREET NEW SMYRNA BEACH, FL 32168 US
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DO NOT WRITE IN THIS SPACE



01132004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3444138	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

~~KEATING, PETER~~
~~526 MORRIS HALLWAY AVE~~
~~DAKOTA BEACH, FL 32118~~
 RICHARD C. LEUCHT
 223 Canal Street
 New Smyrna Beach, FL 32168

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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 *Richard C. Leucht* RICHARD C. LEUCHT March 23 2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	XXX
NAME	XXXXXXXXXXXXXXXX
STREET ADDRESS	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
CITY-ST-ZIP	XXXXXXXXXXXXXXXXXXXXXXXX

TITLE	D.P/VP/S/T
NAME	RICHAHD C. LEUCHT
STREET ADDRESS	501 N. Causeway #306
CITY-ST-ZIP	New Smyrna Beach, Florida 32169

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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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 *Yerta H. Leucht* YERTA H. LEUCHT 1-26-04 386-409-0880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #