

**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

04-08-2004 90045 033 \*\*\*150.00

**DOCUMENT # P97000101605**  
 1. Entity Name  
**THOMAS K. GOLDIE, INC.**



Principal Place of Business      Mailing Address  
**6212 PINE LANE**      **6212 PINE LANE**  
**LAKELAND FL 33813**      **LAKELAND FL 33813**

**34028718**



MOORE      CR2E034 (11/03)

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**59-3484368**       Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**WHITESCARVER, CRYSTAL T**  
**C/O CARLTON FIELD WARD, ET AL.**  
**ONE HARBOUR PLACE SUITE 500**  
**TAMPA FL 33602**

7. Name and Address of New Registered Agent  
 Name **Daniel Medina, PA.**  
 Street Address (P.O. Box Number is Not Acceptable) **764 West Phipps Road**  
 City **Lakeland**      FL      Zip Code **33813**

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 **Daniel Medina, Daniel Medina**      President      3/1/04  
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**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GOLDIE, THOMAS K	
STREET ADDRESS	6212 PINE LANE	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOLDIE, SALLY ANN	
STREET ADDRESS	6212 PINE LANE	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOLDIE, VERA ELLEN	
STREET ADDRESS	6212 PINE LANE	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMPSON, GENE ANNE G	
STREET ADDRESS	5726 SUMMITVIEW CT	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	D	<input type="checkbox"/> Delete
NAME	DILLER, JO-ONNA I	
STREET ADDRESS	3562 VIEW POINTE DRIVE	
CITY-ST-ZIP	MACEDON NY 14502	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **[Signature]**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #