

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P97000101605**

1. Entity Name  
**THOMAS K. GOLDIE, INC.**



Principal Place of Business  
**6212 PINE LANE  
LAKELAND, FL 33813**

Mailing Address  
**6212 PINE LANE  
LAKELAND, FL 33813**



03052008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3484368**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**DANIEL MEDINA, P.A.  
902 S. FLORIDA AVENUE  
SUITE 101  
LAKELAND, FL 33803**

**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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

000000891295  
04/23/08-R0013-020 150.00

**10. OFFICERS AND DIRECTORS**

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

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/5/08 (863) 644-9754