

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000000446 1. Entity Name GOLDEN CENTER, INC.	
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Principal Place of Business 2041 E OCEAN BLVD. STUART, FL 34996	Mailing Address 2041 E OCEAN BLVD. STUART, FL 34996
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01242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0813124	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JOHNSON, ROBERT C 2041 E OCEAN BLVD. STUART, FL 34996

**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 is applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

000000412385
02/10/06-80045-002 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD JOHNSON, ROBERT C 2041 E OCEAN BLVD. STUART, FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAHLER, CAROLYN 1415 HIGH FOREST DR. TUSCALOOSA, AL 35406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS JOHNSON, MARY C 51 SE HARBOR POINT DR. STUART, FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNEBELS, ROBIN 1130 ADMIRAL CROSSING ALPHARETTA, GA 30005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: Robert C. Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-06 (772) 287-3366
Date Daytime Phone