

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000011197

Entity Name: GOLDEN ADVENTURES, INC.

FILED  
May 20, 2005  
Secretary of State

## Current Principal Place of Business:

WATERFORD III  
13070 AMBERLY CT  
BONITA SPRINGS, FL 34135

## New Principal Place of Business:

## Current Mailing Address:

% SANDY WRIGHT  
PO BOX 90  
WILKESBORO, NC 28697 US

## New Mailing Address:

FEI Number: 59-3491414      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COLEMAN, KEVIN  
4001 N. TAMIAMI TRL  
STE 300  
NAPLES, FL 34103 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: PLEMMONS, HAROLD F  
Address: 4300 BRYNWOOD DRIVE  
City-St-Zip: NAPLES, FL 34119

Title: V ( ) Delete  
Name: DRUM, CHARLES  
Address: 1517 BEECH CIRCLE  
City-St-Zip: WILKESBORO, NC 28697

Title: V ( ) Delete  
Name: PLEMMONS, LINDA G  
Address: 4300 BRYNWOOD DRIVE  
City-St-Zip: NAPLES, FL 34119

Title: ST ( ) Delete  
Name: WRIGHT, SANDY  
Address: 146 STONEY BROOK COURT  
City-St-Zip: NORTH WILKESBORO, NC 28659

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES DRUM

VP

05/20/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date