# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT # P98000060433

1. Entity Name GOLDEN STONE OF S.W. FLA, INC.



Principal Place of Business

441 N. DEL PRADO BLVD., UNIT #9 CAPE CORAL, FL 33909 Mailing Address

441 N. DEL PRADO BLVD., UNIT #9 CAPE CORAL, FL 33909

## FILED Jul 13, 2006 8:00 am Secretary of State

07-13-2006 90021 028 \*\*\*150.00

50022423



### DO NOT WRITE IN THIS SPACE

01232006 No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0847164 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SOYKE, GISELA 1907 S.E. 35TH ST. CAPE CORAL, FL 33904

# DO NOT WRITE IN THIS SPACE

1					
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
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEIN, DONALD 441 N. DEL PRADO BLVD., UNIT #9 CAPE CORAL, FL 33909				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STEIN, OLGA 441 N. DEL PRADO BLVD., UNIT #9 CAPE CORAL, FL 33909				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS SOYKE, GISELA 441 N. DEL PRADO BLVD., UNIT #9 CAPE CORAL, FL 33909		•	DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE					

12. I hereby certify that the information supplied with this filling 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** 

STREET ADDRESS CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-10-06

GOLDEN STONE OF S.W. FLA INC. ATTACHMENT 50022423 441 N. DEL PRADO BLVD., # 9 CAPE CORAL, FL, 33909

Phone: 239 – 910 – 4135 Fax: 239 – 540 – 7924

**Division of Corporations** P. O. Box 6198 Tallahassee, FL 32314

Cape Coral July 10, 2006

Dear Ladies and Gentlemen.

Re: 2006 ANNUAL REPORX #P98000060433

Your office sent the "NOTICE OF INTENT TO DISSOLVE". I sent on April, 03, 2006 the ckeck # 3260 in the amount of \$ 150.-.

The check is not showing up in my Bank Statement and it never returned.

I want to make sure, everything is ok. So I send you a new check (# 3369) in the amount of \$ 150.-.

I also send you a copy from the Report.

Thank you for your time.

Regards Gisela Soyke (DTS)

Jisela Soyhe