

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2008 08:00 AM**  
**Secretary of State**

**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



04062008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0847164</b>	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**

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**

00000000000000000000  
04/21/08-90003-007 150.00

**10. OFFICERS AND DIRECTORS**

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
--	---

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

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:**

*Gisela Soyke (Gisela Soyke)*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-7-08 (239) 910-4135*  
Date Daytime Phone #