

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90017 038 ***150.00

DOCUMENT # P98000070548

1. Entity Name

JOAN E. GOLDSMITH INC.



Principal Place of Business

~~1839 B NORTHGATE BLVD~~
SARASOTA, FL ~~34234~~ 34236
1620 ALTA VISTA ST

Mailing Address

~~1839 B NORTHGATE BLVD~~
SARASOTA, FL ~~34234~~ 34236
1620 ALTA VISTA ST



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number

06-1523821

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RAYMOND, JOAN E
~~1839 B NORTHGATE~~ 1620 ALTA VISTA ST
SARASOTA, FL ~~34234~~ 34236

**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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RAYMOND, JOAN E
STREET ADDRESS	1620 ALTA VISTA STREET
CITY- ST- ZIP	SARASOTA, FL 34236

TITLE	
NAME	
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CITY- ST- ZIP	

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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 #

4/21/08 941 706 1014