

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

Page 1 of 4

DOCUMENT # P99000014332

1. Entity Name  
GOLD CITY INC.



FILED

04 MAY -5 AM 8:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
3209 WHITE DOVE LANE  
KISSIMMEE, FL 34746

Mailing Address  
3209 WHITE DOVE LANE  
KISSIMMEE, FL 34746



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05082004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
59-3563204

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SUTTER, BERNARD R  
3036 BIG SKY BLVD  
KISSIMMEE, FL 34741

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
DHANANI, KABIRUDDIN  
3209 WHITE DOVE LANE  
KISSIMMEE, FL 34746 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
800036275958  
05/13/04--01076--005 \*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 #



**Division of Corporations**

**Annual Report**

Page 1

Document Number  
**P99000014332**  
Business Entity Name  
**GOLD CITY INC.**

FEI Number **593563204**  
FEI Number Status ☐ Applied For ☐ Not Applicable ☒ Current  
Certificate of Status Desired ☐ Yes ☒ No

**Principal Place of Business**

Address **3209 WHITE DOVE LANE**  
Suite, Apt. #, etc.   
City, State **KISSIMMEE**, **FL**  
Zip Code & Country **34746**

**Mailing Address**

Address **3209 WHITE DOVE LANE**  
Suite, Apt. #, etc.   
City, State **KISSIMMEE**, **FL**  
Zip Code & Country **34746**

**Name And Address of Registered Agent**

Name (Last, First, Middle, Title) **SUTTER**, **BERNARD**, **R**,   
-or- RA Business Name   
Address **3036 BIG SKY BLVD**  
Suite, Apt. #, etc.   
City, State **KISSIMMEE**, **FL**  
Zip Code & Country **34741** **US**

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

**Registered Agent Signature**

DP-1000  
P99000014332



## Division of Corporations

### Annual Report

Page 2

Document Number  
**P99000014332**  
Business Entity Name  
**GOLD CITY INC.**

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

#### Officer/Director Name And Address

Title   
Name (Last, First, Middle, Title)      
-or- Entity Name   
Street Address   
City, State    
Zip Code & Country

Title   
Name (Last, First, Middle, Title)      
-or- Entity Name   
Street Address   
City, State    
Zip Code & Country

Title   
Name (Last, First, Middle, Title)      
-or- Entity Name   
Street Address   
City, State    
Zip Code & Country

Title   
Name (Last, First, Middle, Title)      
-or- Entity Name   
Street Address

Page 4 of 4

City, State	<input type="text"/>	<input type="text"/>
Zip Code & Country	<input type="text"/>	<input type="text"/>
Title	<input type="text"/>	
Name (Last, First, Middle, Title)	<input type="text"/>	<input type="text"/>
-or- Entity Name	<input type="text"/>	
Street Address	<input type="text"/>	
City, State	<input type="text"/>	<input type="text"/>
Zip Code & Country	<input type="text"/>	<input type="text"/>
Title	<input type="text"/>	
Name (Last, First, Middle, Title)	<input type="text"/>	<input type="text"/>
-or- Entity Name	<input type="text"/>	
Street Address	<input type="text"/>	
City, State	<input type="text"/>	<input type="text"/>
Zip Code & Country	<input type="text"/>	<input type="text"/>

☐ List more than six Officers/Directors ☒ No additional Officers/Directors to list

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title   
Officer/Director Signature

**Sunbiz Home Page**

**Public Access Help**