

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000046624

FILED  
Mar 07, 2005  
Secretary of State

Entity Name: GOLDENROD PROPERTIES, INC.

## Current Principal Place of Business:

1586 N. GOLDENROD ROAD  
ORLANDO, FL 32807

## New Principal Place of Business:

1586 N. GOLDENROD ROAD  
A  
ORLANDO, FL 32807

## Current Mailing Address:

P O BOX 338  
GOLDENROD, FL 32733

## New Mailing Address:

FEI Number: 59-3647425      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MUSRI, MUHAMMAD  
1089 N. GOLDENROD ROAD  
ORLANDO, FL 32807 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MUSRI, MUHAMMAD  
Address: 1089 N GOLDENROD RD  
City-St-Zip: ORLANDO, FL 32807

Title: SD ( ) Delete  
Name: GIBBS, W. ERNEST  
Address: 3378 HILLMONT CIR  
City-St-Zip: ORLANDO, FL 32817

Title: D ( ) Delete  
Name: SHAHEDA, AKHTAR  
Address: 4564 THORNLEA RD.  
City-St-Zip: ORLANDO, FL 32817

Title: D ( ) Delete  
Name: KASU, ABDULATIF  
Address: 8008 COTE CT  
City-St-Zip: ORLANDO, FL 32836

Title: D ( ) Delete  
Name: THAKUR, MURAD  
Address: 5480 CURRY FORD ROAD  
City-St-Zip: ORLANDO, FL 32812

Title: D ( ) Delete  
Name: ZAMAN, AHMADI B  
Address: 412 BARCLAY CT  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

## 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:

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: MUHAMMAD MUSRI

PRES

03/07/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date