

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000046624

FILED
Mar 24, 2009
Secretary of State

Entity Name: GOLDENROD PROPERTIES, INC.

Current Principal Place of Business:

1586 N. GOLDENROD ROAD
A
ORLANDO, FL 32807

New Principal Place of Business:

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: PCD () 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: ASSIM, MOHAMMED
Address: 1210 SARAH ST.
City-St-Zip: LONGWOOD, FL 32750

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
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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 exemption stated 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 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

03/24/2009

Electronic Signature of Signing Officer or Director

_____ Date