

**2006-FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000068768 1. Entity Name GOLDEN SANDS RESORT WEAR, INC.	
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Principal Place of Business 8164 BAYHAVEN DRIVE SEMINOLE, FL 33776	Mailing Address 8164 BAYHAVEN DRIVE SEMINOLE, FL 33776
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01122006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3588168	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent MULVHILL, MARGARET T 8164 BAYHAVEN DRIVE SEMINOLE, FL 33776
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**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

Margaret T. Mulvihill
Signature typed or printed name of registered agent and block applicable.

(NOTE: Registered Agent signature required when resigning)

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 NAME STREET ADDRESS CITY-ST-ZIP	D MULVIHILL, MARGARET T 8164 BAYHAVEN DRIVE SEMINOLE, FL 33776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANNING, DAVID A 8164 BAYHAVEN DRIVE SEMINOLE, FL 33776
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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:

Margaret T. Mulvihill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/06 727-320-0531
Date Daytime Phone #