


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 05, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000107750	
1. Entity Name GOLDING UNITED FISHHAWK INC.	

Principal Place of Business 27001 US HIGHWAY 19 SUITE 2095 CLEARWATER, FL 33761	Mailing Address 27001 US HIGHWAY 19 SUITE 2095 CLEARWATER, FL 33761
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02162005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 74-2944377	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  POLLACK, LOREN 27001 US HIGHWAY 19 NORTH SUITE 2095 CLEARWATER, FL 33761
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 reinstalling) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 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 POLLACK, LOREN 27001 US HIGHWAY 19 NORTH SUITE 2095 CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHER, DAVID 27001 US HIGHWAY 19 NORTH SUITE 2095 CLEARWATER, FL 33761
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<p>4000000288687 04/05/05-80020-008 158.75</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(3)(f), 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: Loren M Pollack Loren M Pollack 3/14/05 (727) 796-1077  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #