## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # S14141

1. Entity Name

THE GOLDSMITH OF PALM COAST, INC.



FILED Jul 31, 2007 08:00 AM Secretary of State

CR2E034 (11/05)

Principal Place of Business

25-9 PALM HARBOR VILLAGE WAY PALM COAST, FL 32137 Mailing Address

25-9 PALM HARBOR VILLAGE WAY PALM COAST, FL 32137



## DO NOT WRITE IN THIS SPACE

 4. FEI Number
 Applied For

 59-3037176
 Not Applicable

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

6. Name and Address of Current Registered Agent

BOOMER, CHARLES C. 133 CIMMARON DRIVE PALM COAST, FL 32137

## DO NOT WRITE IN THIS SPACE

No Chg-P

07262007

8. The above the obligat	named entity submits this statement for the plants of registered agent.	ourpose of changing its registere	red office or reg	istered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and little	If applicable. (NOTE: Registere	ed Agent signature rec	quitéd when reinstelling)	DATE
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		Election Campaign Finar Trust Fund Contribution.		\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b); F.S., the corporation did not receive the prior notice.
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST BOOMER, CHARLES C. 25-9 PALM HARBOR VILLAGE WAY PALM COAST, FL 32137		U00000770881		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOOMER, CHARLES C. 25-9 PALM HARBOR VILLAGE WAY PALM COAST, FL 32137				07/31/07-80004-023 150.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
NAME STREET ADDRESS CITY-ST-7IP	·				<del>-</del>

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.

CICNATUDE.

CHARLES C BOSINGE

386-446-4661

DATE DAYTIME PHONE #