

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90018 006 ***150.00

DOCUMENT # S23332

1. Entity Name
GOLDEN LINK MOTEL, INC.



Principal Place of Business

~~4885 LAKE CECILE DR.~~
~~KISSIMMEE, FL 34746~~

Mailing Address

~~4885 LAKE CECILE DR.~~
~~KISSIMMEE, FL 34746~~

2. Principal Place of Business

4914 W. Hwy 192

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 457

Suite, Apt. #, etc.



01152005

Chg-P

CR2E034 (10/03)

City & State

Kissimmee, FLA

City & State

WINDERMERE, FL

4. FEI Number

59-3045680

Applied For

Not Applicable

Zip

34746

Country

USA

Zip

34786

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

JONES, MONICA
~~4885 LAKE CECILE DR.~~
~~KISSIMMEE, FL 34746~~

7. Name and Address of New Registered Agent

Name **JONES, MONICA**

Street Address (P.O. Box Number is Not Acceptable)

5554 SHORE CT

City

ORLANDO

FL

Zip Code

32819

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

Monica Jones

(NOTE: Registered Agent signature required when reinstating)

1/18/05

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 **PD** ☐ Delete
NAME **MATAY, REINHOLD JR**
STREET ADDRESS **3442 AMACA CIR**
CITY-ST-ZIP **ORLANDO, FL 32837**

TITLE **TVPD** ☒ Delete
NAME **MATAY, ANNELESE**
STREET ADDRESS **4885 LAKE CECILE DR**
CITY-ST-ZIP **KISSIMMEE, FL 34746**

TITLE **SD** ☐ Delete
NAME **JONES, MONICA**
STREET ADDRESS **4615 WOODLANDS VLA DR**
CITY-ST-ZIP **ORLANDO, FL 32835**

TITLE **VPD** ☒ Delete
NAME **REINHOLD, MATAY**
STREET ADDRESS **4885 LK CECILE DR.**
CITY-ST-ZIP **KISSIMMEE, FL 34746**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **OK**
STREET ADDRESS **OK**
CITY-ST-ZIP **OK**

TITLE ☒ Change ☐ Addition
NAME **MATAY, ANNELESE**
STREET ADDRESS **5554 SHORE CT**
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE ☒ Change ☐ Addition
NAME **JONES MONICA**
STREET ADDRESS **5554 SHORE COURT**
CITY-ST-ZIP **ORLANDO FLA 32819**

TITLE ☒ Change ☐ Addition
NAME **MATAY, REINHOLD JR.**
STREET ADDRESS **5554 SHORE CT**
CITY-ST-ZIP **ORLANDO FLA 32819**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Monica Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime

1/18/05

876-2105

873-4712