## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 09, 2006 08:00 AN DOCUMENT # S83865 **Secretary of State** 1. Entity Name GOLD & COIN, INC. Mailing Address Principal Place of Business 1735 N. MAIN STREET 1735 N. MAIN STREET JACKSONVILLE, FL 32206 JACKSONVILLE, FL 32206 CR2E034 (11/05) 01192006 No Chg-₽ DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3087215 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE MUNROE, MARILYN B 1493 HARRINGTON PARK DRIVE JACKSONVILLE, FL 32225 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 (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DP TITLE MAME MUNROE, MARILYN 1493 HARRINGTON PARK DR STREET ADDRESS. CITY-ST-ZIP JACKSONVILLE, FL 32225 000000425597 02/20/06-80008-003 150.00 STD समार MUNROE LYLE, SAMANTHA K NAME STREET ADDRESS 2452 CEDAR TRACE DRIVE EAST CITY-ST-ZIP JACKSONVILLE, FL 32246 TITLE MAME STREET ADDRESS DO NOT WRITE CITY-ST-ZP IN THIS SPACE HHE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZP MARKE STREET ADDRESS

12. I hereby certify that the information supplied with this fiting does not qualify for the exemptions contained in Chapter 119. Florida Statutes 1 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:

CITY-ST-ZIP

LAR (MARILYN B. MUNKOE HE OF SIGNERIA OFFICER OR DIRECTOR

02/67/06 904-355-5433 Date Desture Phone #

FILED