

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2008 08:00 A
Secretary of State

DOCUMENT # S83865

1. Entity Name
GOLD & COIN, INC.



Principal Place of Business
**1735 N. MAIN STREET
JACKSONVILLE, FL 32206**

Mailing Address
**1735 N. MAIN STREET
JACKSONVILLE, FL 32206**



02272008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3087215

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MUNROE, MARILYN B
1493 HARRINGTON PARK DRIVE
JACKSONVILLE, FL 32225**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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	DP MUNROE, MARILYN 1493 HARRINGTON PARK DR JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD MUNROE LYLE, SAMANTHA K 2452 CEDAR TRACE DRIVE EAST JACKSONVILLE, FL 32246
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/21/08-80022-004 150.00

**DO NOT WRITE
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 line empowered.

SIGNATURE:

Marilyn Munroe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/08
Date

904-355-5433
Daytime Phone #