

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90046 007 ***150.00

DOCUMENT # S93164

1. Entity Name
GOLDSTAR MANAGEMENT COMPANY, INC.



Principal Place of Business
**2435 US HWY 19 STE 270
HOLIDAY, FL 34691 US**

Mailing Address
**2435 US HWY 19 STE 270
HOLIDAY, FL 34691 US**

60008320



01082006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3047072

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ULM, JEFFREY A
2435 US HWY 19
STE. 270
HOLIDAY, FL 34691**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ULM, JEFFREY A
STREET ADDRESS	2435 US 19, STE. 270
CITY-ST-ZIP	HOLIDAY, FL 34691
TITLE	V
NAME	ULM, KAREN R
STREET ADDRESS	2435 US 19, STE. 270
CITY-ST-ZIP	HOLIDAY, FL 34691
TITLE	S
NAME	ULM, KAREN R
STREET ADDRESS	2435 US 19, STE. 270
CITY-ST-ZIP	HOLIDAY, FL 34691
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Karen R. ULM *Karen R. ULM* 1/25/06 (727) 942-1906