

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # V11131**

1. Entity Name  
**GOLD MEDAL ASSOCIATES, INC.**



Principal Place of Business  
**13703-1 U.S. HWY 19  
HUDSON, FL 34667**

Mailing Address  
**13703-1 U.S. HWY 19  
HUDSON, FL 34667**



01152008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3115405</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**NORMAN, JUDITH A  
13407 STARFISH DRIVE  
HUDSON, FL 34667**

**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 constituting)

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	PTD
NAME	NORMAN, JUDITH A
STREET ADDRESS	13407 STARFISH DRIVE
CITY-ST-ZIP	HUDSON, FL 34667

TITLE	VD
NAME	NORMAN, JAMES E
STREET ADDRESS	13407 STARFISH DRIVE
CITY-ST-ZIP	HUDSON, FL 34667

TITLE	S
NAME	ST. GERMAIN, MARY
STREET ADDRESS	12812 FIRST ISLE
CITY-ST-ZIP	HUDSON, FL 34667

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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02/07/08-80003-022 150.00

**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 like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #