

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 21, 2004 8:00 am
Secretary of State

07-21-2004 90019 002 ***150.00

DOCUMENT # V26788

1. Entity Name
GOLDEN LAKE ENTERPRISES INC.



Principal Place of Business
**10720 72ND ST. NORTH
301
LARGO, FL 33777**

Mailing Address **10835 Indian Hills**
10720 72ND ST. NORTH CT. APT #19
301
LARGO, FL 33777 Largo, FL 33777

54063888



07152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3118576

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**USU, SHELLEY
10534 INDIAN HILLS COURT
LARGO, FL 33777**

10835 Indian Hills Ct. APT #19
Largo, FL 33777

**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
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
WU, TIMOTHY
10534 INDIAN HILLS CT
LARGO, FL 33777
10835 Indian Hills Ct.
APT #19
Largo, FL 33777

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/04

Date

7275442441

Daytime Phone #