

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90820 008 \*\*\*150.00

**DOCUMENT # V37633**

1. Entity Name  
**GOLDCARE ASSISTED LIVING, INC.**



Principal Place of Business  
**31 5TH ST, NW**  
**WINTER HAVEN, FL 33881-4672 US**

Mailing Address  
**PO BOX 2708**  
**WINTER HAVEN, FL 33883-2708**

**40092169**



04242007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #  
**47 5TH STREET, NW**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number  
**59-3123240**

Applied For  
 Not Applicable

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

City & State  
**WINTER HAVEN, FL**

City & State

Zip Country  
**33881-4672 USA**

Zip Country

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

**7. Name and Address of New Registered Agent**

**GOLD, MARTHA J**  
**31 5TH ST, NW**  
**WINTER HAVEN, FL 33881**

Name  
**GOLD, MARTHA J.**  
 Street Address (P.O. Box Number is Not Acceptable)

**47 FIFTH STREET, NW**

City **WINTER HAVEN** **FL** Zip Code **33881**

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 *Martha J. Gold* MARTHA J. GOLD PRES/SEC/Treas 4/27/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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**  Delete  
 NAME **GOLD, STEPHEN L**  
 STREET ADDRESS **31 5TH ST, NW**  
 CITY-ST-ZIP **WINTER HAVEN, FL 33881**

TITLE **ST**  Delete  
 NAME **GOLD, MARTHA J**  
 STREET ADDRESS **31 5TH ST, NW**  
 CITY-ST-ZIP **WINTER HAVEN, FL 33881**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **VP**  Change  Addition  
 NAME **GOLD, STEPHEN L.**  
 STREET ADDRESS **47 FIFTH STREET, NW**  
 CITY-ST-ZIP **WINTER HAVEN, FL 33881**

TITLE **PST**  Change  Addition  
 NAME **GOLD, MARTHA J.**  
 STREET ADDRESS **47 FIFTH STREET, NW**  
 CITY-ST-ZIP **WINTER HAVEN, FL 33881**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: *Martha J. Gold* MARTHA J. GOLD 4/27/07 (863) 299-2461  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #