2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90696 025 ***150.00

DOCUMENT # F02000003080

1. Entity Name
GOODNIGHT INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
3108 CENTRAL DRIVE PLANT CITY, FL 33567	3108 CENTRAL DRIVE PLANT CITY, FL 33567

DO NOT WRITE IN THIS SPACE

02172004 No Chg-P CR2E034 (10/03)

4. FEI Number
35-2164206
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JOHNSON, FRANKLIN C
3108 CENTRAL DRIVE Ste # 2
PLANT CITY, FL 33567 6

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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 _____ 4/26/04
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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	~~PD~~ Sec CFO Dir
NAME	JOHNSON, FRANKLIN C
STREET ADDRESS	3108 CENTRAL DRIVE #2
CITY-ST-ZIP	PLANT CITY, FL 33566
TITLE	VD
NAME	TAYLOR, TERRANCE
STREET ADDRESS	3108 CENTRAL DRIVE #2
CITY-ST-ZIP	PLANT CITY, FL 33567
TITLE	~~Maryann Mackey~~ President
NAME	maryann mackey
STREET ADDRESS	3108 Central Drive #2
CITY-ST-ZIP	Plant City FL 33566
TITLE	VPres COO
NAME	Gary mackey
STREET ADDRESS	3108 Central Drive #2
CITY-ST-ZIP	Plant City FL 33566
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ Franklin C Johnson 4/26/04 813 754-7500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #