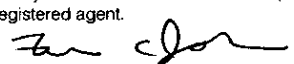
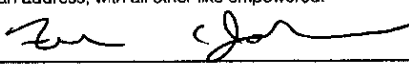


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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 3108 CENTRAL DRIVE PLANT CITY, FL 33567	Mailing Address 3108 CENTRAL DRIVE PLANT CITY, FL 33567	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent JOHNSON, FRANKLIN C 3108 CENTRAL DRIVE #2 PLANT CITY, FL 33567		
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. 4/26/04 DATE (NOTE: Registered Agent signature required when reinstating)		
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 NAME STREET ADDRESS CITY-ST-ZIP	PD Sec CFO Dir JOHNSON, FRANKLIN C 3108 CENTRAL DRIVE #2 PLANT CITY, FL 33567	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TAYLOR, TERRANCE 3108 CENTRAL DRIVE #2 PLANT CITY, FL 33567	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Marilyn Mackey 3108 Central Drive #2 Plant City FL 33566	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Pres COO Gary Mackey 3108 Central Drive #2 Plant City FL 33566	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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		



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	

**DO NOT WRITE
IN THIS SPACE**