

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90020 045 ***150.00

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1. Entity Name
GOODNIGHT INTERNATIONAL, INC.



Principal Place of Business

3108 CENTRAL DRIVE
#115-104
PLANT CITY, FL 33566

Mailing Address

3108 CENTRAL DRIVE
#115-104
PLANT CITY, FL 33566

40099556



04222008 No Chg-P CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent

JOHNSON, FRANKLIN C
3108 CENTRAL DRIVE
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.

(NOTE: Registered Agent signature required when reinstating)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
SCFO
JOHNSON, FRANKLIN C
3108 CENTRAL DRIVE
PLANT CITY, FL 33567

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
TAYLOR, TERRANCE
3108 CENTRAL DRIVE
PLANT CITY, FL 33567

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MACKEY, MARY JANE
3108 CENTRAL DRIVE #2
PLANT CITY, FL 33566

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
MACKEY, GARY
3108 CENTRAL DRIVE #2
PLANT CITY, FL 33566

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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 #

Franklin C Johnson 4/22/08 813-754-7500