

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J03802

FILED  
Jun 02, 2009  
Secretary of State

Entity Name: RICK GOOD SERVICING, INC.

**Current Principal Place of Business:**

525 PRODUCTION BLVD.  
NAPLES, FL 34104

**New Principal Place of Business:**

**Current Mailing Address:**

525 PRODUCTION BLVD.  
NAPLES, FL 34104

**New Mailing Address:**

FEI Number: 59-2600815

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GOOD, FRANK R  
525 PRODUCTION BLVD.  
NAPLES, FL 34104 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PV ( ) Delete  
Name: RICK GOOD SERVICING, INC  
Address: 525 PRODUCTION BLVD.  
City-St-Zip: NAPLES, FL 34104 US

Title: ST ( ) Delete  
Name: RICK GOOD SERVICING, INC  
Address: 525 PRODUCTION BLVD.  
City-St-Zip: NAPLES, FL 34104 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PV (X) Change ( ) Addition  
Name: GOOD, FRANK R  
Address: 525 PRODUCTION BLVD.  
City-St-Zip: NAPLES, FL 34104 US

Title: ST (X) Change ( ) Addition  
Name: GOOD, DEBRA A  
Address: 525 PRODUCTION BLVD.  
City-St-Zip: NAPLES, FL 34104 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRA A GOOD

ST

06/02/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date