

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90155 028 ****61.25



DOCUMENT # N00000006089

1. Entity Name
 GOODHOMES OF MANASOTA, INC.

Principal Place of Business
 1540 MAIN ST
 SARASOTA, FL 34236

Mailing Address
 8490 N LOCKWOOD RIDGE RD
 SARASOTA, FL 34243



04192006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBERTS, DONALD L
 1540 MAIN ST
 SARASOTA, FL 34236

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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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$61.25
Due by May 1, 2006

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	D ROBERTS, DONALD L 1540 MAIN ST SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PATTERSON, JOHN 46 NORTH WASHINGTON BLVD, #1 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD HUNTER, JOHNNY S 3006 GOODRICH AVENUE SARASOTA, FL 34234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CONFER, AMY 8490 LOCKWOOD RIDGE RD SARASOTA, FL 34234
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 617, 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: Donald Roberts Don Roberts 4/26/06 953-2303
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #