


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| DOCUMENT # N00000006089                       |  |
| 1. Entity Name<br>GOODHOMES OF MANASOTA, INC. |   |

|   |  |
|---|--|
| Principal Place of Business<br>1540 MAIN ST<br>SARASOTA, FL 34236 | Mailing Address<br>7501 15TH STREET EAST<br>SARASOTA, FL 34243 |
|---|--|



|  |                    |
|--|--------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt #, etc.                             | Suite, Apt #, etc. |
| City & State                                   | City & State       |
| Zip  | Country            |

01222008 Chg-NP CR2E037 (12/06)

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br>65-0953161                               | Applied For<br>Not Applicable         |
| 5: Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

|   |   |
|---|---|
| <b>6. Name and Address of Current Registered Agent</b>  | <b>7. Name and Address of New Registered Agent</b>                |
| ROBERTS, DONALD L<br>1540 MAIN ST<br>SARASOTA, FL 34236 | Name<br>Street Address (P O Box Number is Not Acceptable)<br>City |
|   | FL Zip Code   |

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 \_\_\_\_\_ DATE \_\_\_\_\_

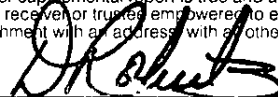
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

|   |   |  |
|---|---|--|
| <b>Filing Fee is \$61.25 Due by May 1, 2008</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees | <b>Make check payable to Florida Department of State</b> |
|---|---|--|

| 10. OFFICERS AND DIRECTORS                     |   |                                 |
|--|---|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | C<br>ROBERTS, DONALD L<br>1540 MAIN ST<br>SARASOTA, FL 34236                | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ST<br>PATTERSON, JOHN<br>46 NORTH WASHINGTON BLVD, #1<br>SARASOTA, FL 34236 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VC<br>HUNTER, JOHNNY S<br>3006 GOODRICH AVENUE<br>SARASOTA, FL 34234        | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |   |
|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 another like empowered.

**SIGNATURE:**  **Don Roberts** **4/11/08 941 355 2721**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #