

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 14, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000084782**

1. Entity Name  
**GOOD SERVICES, INC.**



Principal Place of Business      Mailing Address

**1242 N. MONROE ST.  
TALLAHASSEE, FL 32303**      **1242 N. MONROE ST.  
TALLAHASSEE, FL 32303**

**DO NOT WRITE IN THIS SPACE**



02282007    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For

**59-3539731**      Not Applicable

5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**GOOD, PATTI DENISE  
1242 N. MONROE ST.  
TALLAHASSEE, FL 32303**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	GOOD, PATTI DENISE
STREET ADDRESS	4116 CASTELLAN DR.
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	D
NAME	GOOD, FRED
STREET ADDRESS	710 CONCORD RD.
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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03/23/07-80061-010 150.00

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:** Patti Good    **PATTI GOOD**    3-13-07    850-521-9818

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