

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 05, 2007 08:00 AM
Secretary of State**

DOCUMENT # 156850

1. Entity Name
GOODALL BROS. TRANSFER & WAREHOUSE CO.



Principal Place of Business
**1530 BURLINGTON AVE. NORTH
ST PETERSBURG, FL 33705**

Mailing Address
**1530 BURLINGTON AVE. NORTH
ST PETERSBURG, FL 33705**



02012007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0590541

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**GOODALL, MICHEAL J
430 OLEANDER WAY
SAINT PETERSBURG, FL 33707**

**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, 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	PD
NAME	GOODALL, MICHEAL J
STREET ADDRESS	530 OLEANDER WAY
CITY - ST - ZIP	SAINT PETERSBURG, FL 33707
TITLE	T
NAME	GOODALL, CHRISTOPHER M
STREET ADDRESS	1530 BURLINGTON AVENUE NO.
CITY - ST - ZIP	SAINT PETERSBURG, FL 33705
TITLE	VPD
NAME	GOODALL, GINGER A
STREET ADDRESS	1 KEY CAPRI, 407W
CITY - ST - ZIP	TREASURE ISLAND, FL 33706
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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02/09/07-80050-015 150.00

**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 empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ginger A Goodall

2-1-07

727/894-3090