


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90305 022 \*\*\*158.75

<b>DOCUMENT # 162697</b>	
1. Entity Name I.J. GOODMAN INC.	

Principal Place of Business 110 LOBLOLLY REACH VERO BEACH, FL 32963 US	Mailing Address 110 LOBLOLLY REACH VERO BEACH, FL 32963 US
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34000000



2. Principal Place of Business	3. Mailing Address 60 EILEEN S. MAGNES 1309 27th Ave SAN FRANCISCO CA 94122 USA
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04142004 Chg-P CR2E034 (10/03)

4. FEI Number  
04-2224864

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent MANDEL, STANLEY CPA 20341 OLD CUTLER ROAD A MIAMI, FL 33189
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7. Name and Address of New Registered Agent Name: DONALD GOODKIN Street Address (P.O. Box Number is Not Acceptable) 110 LOBLOLLY REACH City: VERO BEACH FL Zip Code: 32963
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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: DONALD GOODKIN *[Signature]* 04/14/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. GOODKIN, DONALD 110 LOBLOLLY REACH VERO BEACH, FL 32963 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* PRESIDENT 04/14/04 (415) 753-1272  
Signature and typed or printed name of signing officer or director Date Daytime Phone #