

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # 233664

1. Entity Name
ALLGOOD PROPERTIES INC



Principal Place of Business
**5645 NEBRASKA AVENUE
NEW PORT RICHEY, FL 34652-9694**

Mailing Address
**5645 NEBRASKA AVENUE
NEW PORT RICHEY, FL 34652-2694 US**



01182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-6073010

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MISEMER, KENNETH R
5645 NEBRASKA AVENUE
NEW PORT RICHEY, FL 34652**

**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 reissuing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 MISEMER, ABBY
STREET ADDRESS 4823 EBBTIDE LANE #202
CITY-ST-ZIP PORT RICHEY, FL 34668

TITLE VD
NAME YARBROUGH, ORIN S
STREET ADDRESS 314 S MISSOURI AVE STE 310
CITY-ST-ZIP CLEARWATER, FL 33756

TITLE STD
NAME NURRENBROCK, MELISSA A
STREET ADDRESS 6391 CONNIEWOOD DRIVE
CITY-ST-ZIP NEW PORT RICHEY, FL 34653

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000408602
02/08/06-80068-005 150.00

**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 empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/06

Daytime Phone # _____