




**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 25, 2005 8:00 am**  
**Secretary of State**

02-25-2005 90157 050 \*\*\*150.00

<b>DOCUMENT # 418385</b>			
1. Entity Name C.J. GOODRICH CONSTRUCTION, INC.			
Principal Place of Business 5708 BUCHANAN DRIVE FORT PIERCE, FL 34982		Mailing Address 5708 BUCHANAN DRIVE FORT PIERCE, FL 34982	
2. Principal Place of Business <b>3875 PROVIDENCE RD</b>		3. Mailing Address <b>3875 PROVIDENCE RD</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>BOYNTON BEACH, FL.</b>		City & State <b>BOYNTON BEACH, FL.</b>	
Zip <b>33436</b>	Country	Zip <b>33436</b>	Country
4. FEI Number 59-1492310		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHARLES GOODRICH, JR 5708 BUCHANAN DRIVE FORT PIERCE, FL 34982		7. Name and Address of New Registered Agent Name - <b>CHARLES GOODRICH JR.</b> Street Address (P.O. Box Number is Not Acceptable) <b>3875 PROVIDENCE RD.</b> <b>BOYNTON BEACH</b> <b>33436</b> City <b>FL</b> 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 <b>CHARLES GOODRICH JR.</b>		 <small>(NOTE: Registered Agent's signature required when reinstating)</small>	DATE <b>2/23/05</b>
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST GOODRICH, CHARLES J 5708 BUCHANAN DRIVE FORT PIERCE, FL 34982 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECTY. SHIRLEY A. GOODRICH 3875 PROVIDENCE RD BOYNTON BEACH, FL. 33436 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOODRICH, SCOTT C 3340 JOG ROAD LAKE WORTH, FL 33467 <input checked="" 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	TRES GOODRICH, ROBERT C 707 NORTH J STREET LAKE WORTH, FL 33460 <input checked="" 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
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
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
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: <b>CHARLES GOODRICH JR.</b>		 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <b>2/23/05</b> Daytime Phone # <b>561-662-0412</b>