2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 13, 2007 8:00 am **DOCUMENT # 440924 Secretary of State** 1. Entity Name 02-13-2007 90009 030 ***150.00 HARRY GOODE'S OUTDOOR SHOP, INC. Principal Place of Business Mailing Address 1231 E NEW HAVEN AVE 1231 E NEW HAVEN AVE MELBOURNE FL 32901 MELBOURNE FL 32901 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number 59-1508725 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GOODE (HARRY C) JR ddress (P.O. Box Number is Not Acceptable) 231 EAST NEW HAVEN 1231 E NEW HAVEN AVE MELBOURNE FL 32901 MELBOURNE 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. HIII E ΡŊ Change ☐ Delete HILE ☐ Addition GOODE, RICHARD W NAMI RICHARU W. Goode 1231 E NEW HAVEN AVE STREET ADDRESS STREET ADDRESS MELBOURNE, FL 00000 CHY SL ZIP CITY ST ZIP PD HILL HILE Change Addition Delete Delete GOODE, HARRY C JR NAME NAMI 1231 E NEW HAVEN AVE STREET ADDRESS STREET ADORESS MELBOURNE, FL 00000 CITY ST ZIP CHY ST ZIP SD THE ☐ Delete TIDE **☐** Change ☐ Addition GOODE, RICHARD W JR RICHARO W. GOODE JA 1231 EAT NEW HAVENAVE ITTELBOURNE, KA. 32901 NAM NAMI 1231 EAST NEW HAVEN AVE STREET ADDRESS STREET ADDRESS MELBOURNE FL CITY-S1-ZIP CITY ST-ZIP OHE Change ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CHY-ST-7P CHY S1-7P HHLE ☐ Delete 31111 ☐ Change Addition NAME NAMI STREET ADORESS STREET LADORESS CITY ST-7IF CITY ST-ZIE MILE ☐ Delete TIFLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET LADORESS CHY SI-ZIP CHY-SI-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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.

RICHARD W. GOODE

FILED