


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 471537</b> 1. Entity Name C.L. GOODSON CONCRETE PLACING & FINISHING, INC.		
Principal Place of Business 6568 MONMOUTH RD WEST PALM BEACH, FL 33413 US		Mailing Address 411 PALM STREET PO BOX 15469 W PALM BCH, FL 33416
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  GOODSON, CHARLES L. 411 PALM STREET WEST PALM BEACH, FL 33401		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>		
<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"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT GOODSON, CHARLES L. 6568 MONMOUTH RD W PALM BEACH, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS GOODSON, JEANNE 6568 MONMOUTH RD WEST PALM BEACH, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <i>Charles L. Goodson President</i> 1-16-04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



01102004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-1587222

Applied For
Not Applicable

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

000000003091  
01/20/04-80091-013 150.00

**DO NOT WRITE  
IN THIS SPACE**