

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90059 011 ***158.75

DOCUMENT # 471537 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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 6568 MONMOUTH ROAD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State WEST PALM BEACH, FL		4. FEI Number 59-1587222	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33413		Country U.S.		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GOODSON, CHARLES L. 411 PALM STREET WEST PALM BEACH, FL 33401			7. Name and Address of New Registered Agent Name CHARLES L. GOODSON Street Address (P.O. Box Number is Not Acceptable) 6568 MONMOUTH ROAD City WEST PALM BEACH FL Zip Code 33413		
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 reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		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	PT GOODSON, CHARLES L. 6568 MONMOUTH RD W PALM BEACH, FL <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	VS GOODSON, JEANNE 6568 MONMOUTH RD WEST PALM BEACH, FL <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 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: <i>Charles L. Goodson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4-2-08 <small>Daytime Phone #</small>		