2414 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 601798

1. Entity Name

GOODMARK, GOODMARK & GOLDSTONE, P.A.



Principal Place of Business

400 EXECUTIVE CENTER DRIVE

SUITE 110

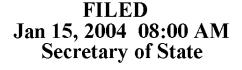
WEST PALM BEACH, FL 33401

Mailing Address

400 EXECUTIVE CENTER DRIVE

SUITE 110

WEST PALM BEACH, FL 33401





DO NOT WRITE IN THIS SPACE

4. FEI Number | Applied For 59-1279406 | Not Applicable

5. Certificate of Status Desired

01082004

\$8.75 Additional Fee Required

CR2E034 (10/03)

6. Name and Address of Current Registered Agent

GOODMARK, JERRY J 400 EXECUTIVE CENTER DRIVE STE 110 WEST PALM BEACH, FL 33401

SIGNATURE:

DO NOT WRITE IN THIS SPACE

No Chg-P

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 reinstating) DATE					
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campalgn Finan- Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GOODMARK, JERRY J 400 EXECUTIVE CTR DR STE 110 WEST PALM BEACH, FL 33401				U00000004840 U1/15/04~80028-017 150.00
TITLE NAME STREET ADDRESS GITY-ST-ZIP	VS GOLDSTONE, JASON J 400 EXECUTIVE CTR DR STE 110 WEST PALM BEACH, FL 33401				01/13/04 00020 011 130.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY+ST-ZIP				IN 7	THIS SPACE
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 paceurite 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 repetitor 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.					

INTED NAME OF SIGNING OFFICER OR DIRECTOR