## 2005 FOR PROFIT CORPORATION **FILED ANNUAL REPORT** Jan 11, 2005 08:00 AM **DOCUMENT # 601798 Secretary of State** 1. Entity Name GOODMARK, GOODMARK & GOLDSTONE, P.A. Principal Place of Business Mailing Address 400 EXECUTIVE CENTER DRIVE 400 EXECUTIVE CENTER DRIVE SUITE 110 SUITE 110 WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401 No Cha-P CR2E034 (10/03) 01042005 DO NOT WRITE IN THIS SPACE 4. FEI Number 59-1279406 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GOODMARK, JERRY J DO NOT WRITE 400 EXECUTIVE CENTER DRIVE **STE 110** IN THIS SPACE WEST PALM BEACH, FL 33401 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Election Campaign Financing

	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	9. Election Campaign Final Trust Fund Contribution.
10.	OFFICERS AND DIRECTORS	
TITLE	PSTD	
NAME	GOODMARK, JERRY J	
PRESENT ANDRESS	400 EXECUTIVE CTR DR STE 110	

//00000177592 01/11/05-80053-019 150.00

\$5.00 May Be

Added to Fees

CITY-ST-ZIP WEST PALM BEACH, FL 33401 VS TITLE GOLDSTONE, JASON J NAME STREET ADDRESS 400 EXECUTIVE CTR DR STE 110 WEST PALM BEACH, FL 33401 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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 reporter 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:

NAME STREET ADORESS CITY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Applied For

Not Applicable