


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90073 043 ***158.75

DOCUMENT # 635724
 1. Entity Name
R. GOOD ELECTRIC INC.



Principal Place of Business Mailing Address
1730 NW 88 WAY **1730 NW 88 WAY**
PEMBROKE PINES FL 33024 **PEMBROKE PINES FL 33024**

00010100



1st MOORE CR2E034 (10/04)

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
59-1965734 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
GOOD, CAROLINE
1730 NW 88 WAY
PEMBROKE PINES FL

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
 Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> Delete
NAME	GOOD, RUSSELL	
STREET ADDRESS	1730 NW 88TH WAY	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	V	<input type="checkbox"/> Delete
NAME	GOOD, CRAIG	
STREET ADDRESS	1730 NW 88TH WAY	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	V	<input type="checkbox"/> Delete
NAME	CERRETA, DAVID	
STREET ADDRESS	1730 NW 88TH WAY	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<i>ST</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Caroline Good</i>	
STREET ADDRESS	<i>1730 NW 88 Way</i>	
CITY-ST-ZIP	<i>Pembroke Pines FL 33024</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 I am empowered.

SIGNATURE: *Russell Good* *Russell Good* *2/15/05*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #