

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 06, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 635724**

1. Entity Name  
**R. GOOD ELECTRIC INC.**



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

Mailing Address  
**1730 NW 88 WAY  
PEMBROKE PINES, FL 33024**



03142007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1965734**

Applied For  
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**

**DO NOT WRITE  
IN THIS SPACE**

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 *Caroline Good*

Signature, typed or printed name of registered agent and title if applicable.

*Caroline Good*

(NOTE: Registered Agent signature required when reinstating)

*4/3/07*

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PSD
NAME	GOOD, RUSSELL
STREET ADDRESS	1730 NW 88TH WAY
CITY-ST-ZIP	PEMBROKE PINES, FL 33024
TITLE	V
NAME	GOOD, CRAIG
STREET ADDRESS	1730 NW 88TH WAY
CITY-ST-ZIP	PEMBROKE PINES, FL 33024
TITLE	S/T
NAME	GOOD, CAROLINE
STREET ADDRESS	1730 NW 88 WAY
CITY-ST-ZIP	PEMBROKE PINES, FL 33024
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000692457  
04/13/07-80052-022 158.75

**DO NOT WRITE  
IN THIS SPACE**

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: *Caroline Good* *Caroline Good*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/3/07* *954-432-2232*

DATE

Daytime Phone #