

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 659655

FILED  
May 29, 2007  
Secretary of State

**Entity Name:** GOODMAN LAND DEVELOPMENT AND AGRICULTURAL SERVICES, INC.

**Current Principal Place of Business:**

2749 GOLFVIEW CUT OFF RD.  
BABSON PARK, FL 33827 US

**New Principal Place of Business:**

497 ABC RD  
LAKE WALES, FL 33859 US

**Current Mailing Address:**

PO BOX 528  
BABSON PARK, FL 338270528 US

**New Mailing Address:**

**FEI Number:** 59-2095989

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GOODMAN, JIMMY L  
2761 GOLFVIEW CUT OFF RD  
BABSON PARK, FL 33827 US

**Name and Address of New Registered Agent:**

GOODMAN, JIMMY L  
14511 CAMP MACK RD  
LAKE WALES, FL 33898 US

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.

SIGNATURE:

05/29/2007

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GOODMAN, JIMMY L.,  
Address: 2749 GOLFVIEW CUT OFF RD.  
City-St-Zip: BABSON PARK, FL 33827

Title: SD ( ) Delete  
Name: GOODMAN, HELEN,  
Address: 2749 GOLFVIEW CUT OFF RD.  
City-St-Zip: BABSON PARK, FL 33827

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: GOODMAN, JIMMY L.,  
Address: 14511 CAMP MACK RD  
City-St-Zip: LAKE WALES, FL 33898

Title: SD (X) Change ( ) Addition  
Name: GOODMAN, HELEN,  
Address: 14511 CAMP MACK RD  
City-St-Zip: LAKE WALES, FL 33898

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JIMMY L GOODMAN SR

PD

05/29/2007

Electronic Signature of Signing Officer or Director

Date