

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90003 023 ***150.00

DOCUMENT # 673751

1. Entity Name

GOODLAND ISLES, INC.



Principal Place of Business

655 CENTER ROAD
FRANKFORT IL 60423
US

Mailing Address

655 CENTER ROAD
FRANKFORT IL 60423
US

54006928



MOORE

CR2E034 (11/03)

2. Principal Place of Business

1820 Ridge Road
Suite, Apt. #, etc.
217

3. Mailing Address

1820 Ridge Road
Suite, Apt. #, etc.
217

City & State

Homewood, IL

City & State

Homewood, IL

4. FEI Number

59-2782420

Applied For

Not Applicable

Zip

60430

Country

COOK

Zip

60430

Country

COOK

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CROUCH, BARBARA A
629 E PALM AVENUE
GOODLAND FL 34140

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

Barbara A. Crouch

Barbara A. Crouch

02-10-04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME RACKOUSKI, BRUCE M ☐ Delete
STREET ADDRESS 655 CENTER ROAD
CITY-ST-ZIP FRANKFORD IL 60423

TITLE V
NAME RUETTIGER, TERRENCE P ☐ Delete
STREET ADDRESS 1150 EDMONDS AVE.
CITY-ST-ZIP NEW LENOX IL 60451

TITLE S
NAME CROUCH, BARBARA A ☐ Delete
STREET ADDRESS 1820 RIDGE ROAD, #217
CITY-ST-ZIP HOMEWOOD IL 60430

TITLE T
NAME KELLY, MICHAEL ☐ Delete
STREET ADDRESS 10709 CHERRYWOOD DRIVE
CITY-ST-ZIP PALOS PARK IL 60464

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME Rackouski, Bruce
STREET ADDRESS 1820 Ridge Road, #217
CITY-ST-ZIP Homewood, IL 60430

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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 like empowered.

SIGNATURE: *Barbara A. Crouch* Barbara A. Crouch

02-10-04

708-799-4040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #