


2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 14, 2005 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # 673751 1. Entity Name GOODLAND ISLES, INC. |  |
|--|---|

| | |
|--|--|
| Principal Place of Business 1820 RIDGE ED. #217 HOMEWOOD, IL 60430 US | Mailing Address 1820 RIDGE ED. #217 HOMEWOOD, IL 60430 US |
|--|--|



03082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|---|-------------------------------|
| 4 FEI Number 59-2782420 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| |
|---|
| 6. Name and Address of Current Registered Agent CROUCH, BARBARA A 629 E PALM AVENUE GOODLAND, FL 34140 |
|---|

| |
|-----------------------------------|
| 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 <u>Barbara A. Crouch</u> <small>Signature, typed or printed name of registered agent and title if applicable</small> | <u>Barbara A. Crouch</u> <u>03-08-05</u> <small>(NOTE: Registered Agent signature required when reinstating) DATE</small> |

| | |
|---|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P RACKOUSKI, BRUCE M. 1820 RIDGE RD., #217 HOMEWOOD, IL 60430 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V RUETTIGER, TERRENCE P. 1150 EDMONDS AVE. NEW LENOX, IL 60451 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S CROUCH, BARBARA A 1820 RIDGE ROAD, #217 HOMEWOOD, IL 60430 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T KELLY, MICHAEL 10709 CHERRYWOOD DRIVE PALOS PARK, IL 60464 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

| |
|--|
| U000000262351 03/14/05-80051-004 150.00 |
| DO NOT WRITE IN THIS SPACE |

| | |
|---|--|
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Barbara A. Crouch</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | <u>03-08-05</u> <u>708-799-4040</u> <small>Date Daytime Phone #</small> |