

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 673751

FILED  
Apr 08, 2009  
Secretary of State

Entity Name: GOODLAND ISLES, INC.

## Current Principal Place of Business:

90 BERGAMO LANE EAST  
CROWN POINT, IN 46307 US

## New Principal Place of Business:

48 LEVANNO DRIVE  
CROWN POINT, IN 46307 US

## Current Mailing Address:

90 BERGAMO LANE EAST  
CROWN POINT, IN 46307 US

## New Mailing Address:

PO BOX 256  
CROWN POINT, IN 46308 US

FEI Number: 59-2782420

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RACKOUSKI, BARBARA A  
8252 WILTSHIRE DRIVE  
PORT CHARLOTTE, FL 33981 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: RACKOUSKI, BRUCE M  
Address: 90 BERGAMO EAST  
City-St-Zip: CROWN POINT, IN 46307

Title: V ( ) Delete  
Name: RUETTIGER, TERRENCE P  
Address: 1150 EDMONDS AVE.  
City-St-Zip: NEW LENOX, IL 60451

Title: S ( ) Delete  
Name: RACKOUSKI, BARBARA A  
Address: 90 BERGAMO EAST  
City-St-Zip: CROWN POINT, IN 46307

Title: T ( ) Delete  
Name: KELLY, MICHAEL  
Address: 10709 CHERRYWOOD DRIVE  
City-St-Zip: PALOS PARK, IL 60464

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: RACKOUSKI, BRUCE M  
Address: PO BOX 256  
City-St-Zip: CROWN POINT, IN 46308

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: RACKOUSKI, BARBARA A  
Address: PO BOX 256  
City-St-Zip: CROWN POINT, IN 46308

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: BARBARA A RACKOUSKI

S

04/08/2009

Electronic Signature of Signing Officer or Director

Date