


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # 755293
 1. Entity Name
GOOD SAMS OF FLORIDA, INC.



Principal Place of Business Mailing Address
601 PINEDALE CT **601 PINEDALE CT**
BRANDON, FL 33511 **BRANDON, FL 33511 US**



01042008 No Chg-NP CR2E037 (4/06)

4. FEI Number 23-7242521	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
MAXWELL, WILLIAM
601 PINEDALE CT
BRANDON, FL 33511

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000795620
 01/28/08-80054-017 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD VOYTON, LINDA 7456 S FINALE PR HOMOSSASSA, FL 34446
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KUEHLING, ROBERT 8015 LEMONWOOD DR. N. ELLENTON, FL 34222
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MURRAY, MARY 4436 HAMLIN WAY WIMAUMA, FL 33598
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 617, 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: William Maxwell 1-5-08 813-689-9607
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 William Maxwell