

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90056 035 ***150.00

DOCUMENT # F00121
 1. Entity Name
THE GOODY GOODY, INC.



Principal Place of Business Mailing Address
~~C/O MICHAEL E. WHEELER~~ C/O MICHAEL E. WHEELER
~~400 N. ASHLEY DRIVE SUITE 2650~~ ~~400 N. ASHLEY DRIVE SUITE 2650~~
~~TAMPA, FL 33602-4320~~ TAMPA, FL 33602-4320

50013315



2. Principal Place of Business 3. Mailing Address
 C/O MICHAEL E. WHEELER C/O MICHAEL E. WHEELER
 Suite, Apt. #, etc. Suite, Apt. #, etc.
604 DRUM CT **604 DRUM CT**

01242005 Chg-P CR2E034 (10/03)

City & State City & State
TAMPA, FLORIDA **TAMPA, FLORIDA**

4. FEI Number Applied For
59-2022094 Not Applicable

Zip Country Zip Country
33613-1204 **USA** **33613-1204** **USA**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
WHEELER, MICHAEL E.
~~400 N. ASHLEY DRIVE~~
~~SUITE 2650~~
~~TAMPA, FL 33602~~

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
604 DRUM CT
 City **TAMPA** FL Zip Code **33613-1204**

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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPT WHEELER, MICHAEL E. 400 N. ASHLEY DRIVE SUITE 2650 TAMPA, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 604 DRUM CT TAMPA, FL 33613-1204 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVS WHEELER, SUSAN F. 400 N. ASHLEY DRIVE SUITE 2650 TAMPA, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 604 DRUM CT TAMPA, FL 33613-1204 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Michael E Wheeler Date: 2-7-05 Daytime Phone #: (813) 961-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR