

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F02000002724 1. Entity Name GOODMAN ARCHITECTURAL SERVICES, INC.	
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FILED

08 DEC -2 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JB

Principal Place of Business 517 SOUTH QUARTER LANE JOPLIN, MO 64801	Mailing Address 517 SOUTH QUARTER LANE JOPLIN, MO 64801
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08-2008 CFS OF 2008 (12/06)
REINSTATEMENT 2008

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 43-1734457	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____
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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.

Barbara A. Burke
 Special Assistant Secretary

SIGNATURE: *Barbara A. Burke* DATE: 11-19-08

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

FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCD <input type="checkbox"/> Delete GOODMAN, JOHN 20262 CR 220 ORONOGO, MO 64855	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700137091787 10/20/08--01064--005 **\$550.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD <input type="checkbox"/> Delete GOODMAN, LINDA 20262 CR 220 ORONOGO, MO 64855	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000137582890 11/03/08--01075--005 **\$200.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD <input type="checkbox"/> Delete BRENNFOERDER, DWIGHT 1902 N. PARK AVENUE JOPLIN, MO 64801	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VD Brennfoerder, Dwight 517 S. Quarter Lane Joplin, Mo 64801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete HENDRIX, ROBERT 166 COBB HILL RD GRANDBY, MO 64844	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D Hendrix, Robert 517 S. Quarter Lane Joplin, MO 64801
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
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 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 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: *John Goodman* DATE: 10/15/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR