

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F85037

FILED
Mar 04, 2009
Secretary of State

Entity Name: GOOD ROADS AUTO SYSTEM, INC.

Current Principal Place of Business:

3600 NW 54TH STREET
FT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

3600 NW 54TH STREET
FT LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 59-2200112 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RUFF, ANITA
3600 NW 54TH STREET
FT LAUDERDALE, FL 33309 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: PST () Delete
Name: RUFF, FRANK
Address: 2890 NE 19TH ST
City-St-Zip: POMPANO BEACH, FL

Title: V () Delete
Name: RUFF, KENNETH
Address: 3600 NW 54TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: T () Delete
Name: RUFF, ANITA
Address: 3600 NW 54TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: S () Delete
Name: LOESEL, JENNIFER R
Address: 3600 NW 54TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: RUFF, FRANK
Address: 3600 NW 54TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33309

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

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

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: ANITA RUFF

T

03/04/2009

Electronic Signature of Signing Officer or Director

Date