

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G54776

Entity Name: M. GOODE HOMES, INC.

FILED
Apr 30, 2006
Secretary of State

Current Principal Place of Business:

P.O. BOX 9222
WINTER HAVEN, FL 338839222

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 9222
WINTER HAVEN, FL 338839222

New Mailing Address:

FEI Number: 59-2309243

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOODE, MATTHEW J.
1380 S LAKE ROY DRIVE
WINTER HAVEN, FL 33884 US

Name and Address of New Registered Agent:

GOODE, MATTHEW J.
2527 PARTRIDGE DR
WINTER HAVEN, FL 33884 US

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: _____

04/30/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: GOODE, MATTHEW J.,
Address: 1380 S LAKE ROY DRIVE
City-St-Zip: WINTER HAVEN, FL 33884

Title: DVS () Delete
Name: GOODE, CHRIS A.,
Address: 1380 S LAKE ROY DRIVE
City-St-Zip: WINTER HAVEN, FL 33884

Title: D () Delete
Name: PARSONS, WILMA,
Address: 2115 EDGEWATER CIRCLE
City-St-Zip: WINTER HAVEN, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: GOODE, MATTHEW J.,
Address: 2527 PARTRIDGE DR
City-St-Zip: WINTER HAVEN, FL 33884

Title: DVS (X) Change () Addition
Name: GOODE, CHRIS A.,
Address: 2527 PARTRIDGE DR
City-St-Zip: WINTER HAVEN, FL 33884

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MATTHEW J. GOODE

DPT

04/30/2006

Electronic Signature of Signing Officer or Director

Date