

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# G54776

Entity Name: M. GOODE HOMES, INC.

FILED
Aug 24, 2009
Secretary of State

Current Principal Place of Business:

2527 PARTRIDGE DR.
WINTER HAVEN, FL 33884

New Principal Place of Business:

1295 HOWARD TERRACE N.W.
WINTER HAVEN, FL 33881

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.
2527 PARTRIDGE DR
WINTER HAVEN, FL 33884 US

Name and Address of New Registered Agent:

GOODE, MATTHEW J.
1295 HOWARD TERRACE N.W.
WINTER HAVEN, FL 33881 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: _____

Electronic Signature of Registered Agent

08/24/2009

Date

OFFICERS AND DIRECTORS:

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

Title: DVS () Delete
Name: GOODE, CHRIS A.
Address: 2527 PARTRIDGE DR
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: 1295 HOWARD TERRACE N.W.
City-St-Zip: WINTER HAVEN, FL 33881

Title: DVS (X) Change () Addition
Name: GOODE, CHRIS A.
Address: 1295 HOWARD TERRACE N.W.
City-St-Zip: WINTER HAVEN, FL 33881

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: MATTHEW J GOODE

Electronic Signature of Signing Officer or Director

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08/24/2009

Date