

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 08:00 AM
Secretary of State

DOCUMENT # H48053

1. Entity Name
GOOD KARMA, INC.



Principal Place of Business

% BARBARA C. REED
903 32ND STREET EAST
BRADENTON, FL 34208

Mailing Address

% BARBARA C. REED
903 32ND STREET EAST
BRADENTON, FL 34208



03232005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2501687

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REED, BARBARA C.
903 32ND STREET EAST
BRADENTON, FL 34208

**DO NOT WRITE
IN THIS SPACE**

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

| | |
|-----------------|----------------------|
| TITLE | PSTD |
| NAME | REED, BARBARA C |
| STREET ADDRESS | 903 32ND STREET EAST |
| CITY - ST - ZIP | BRADENTON, FL 34208 |
| TITLE | VD |
| NAME | PARSON, MARK |
| STREET ADDRESS | 903 32ND ST E |
| CITY - ST - ZIP | BRADENTON, FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

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03/30/05-80011-019 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Barbara C Reed Barbara C Reed

3/28/05

941-746-2453

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #