

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2006 08:4
Secretary of State

DOCUMENT # H48339

1. Entity Name
MOLLY GOODHEAD'S, INC.



Principal Place of Business
**400 ORANGE ST
OZONA, FL 34660 US**

Mailing Address
**PO BOX 725
OZONA, FL 34660 US**



02242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2527373

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FLOWERS, LAUREL ANN
400 ORANGE ST
PALM HARBOR, FL 34683**

**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 registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000003451536
03/10/06-80058-019 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
DONOVAN, BETSY GILBERT
400 ORANGE ST
PALM HARBOR, FL 34683**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
FLOWERS, LAUREL ANN
400 ORANGE ST
PALM HARBOR, FL 34683**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Laurel Flowers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/06

Date

727-787-4119

Daytime Phone #

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Laurel Flowers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/06

Date

904 353 4841

Daytime Phone #