

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90534 015 \*\*\*150.00

**DOCUMENT # K32342**

1. Entity Name  
GOOD-TIME PRINTING, ETC., INC.



Principal Place of Business  
2502 OKEECHOBEE ROAD  
FORT PIERCE, FL 34947 US

Mailing Address  
2502 OKEECHOBEE ROAD  
FORT PIERCE, FL 34947 US

00040236



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
65-0072452

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RHOAT, RAYMOND  
2010 ST. LUCIE BLVD  
FORT PIERCE, FL 34946

Name  
RHOAT, JAN D.  
Street Address (P.O. Box Number is Not Acceptable)  
2402 S. 19th STREET  
City  
FORT PIERCE FL Zip Code  
34982

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 JAN D. RHOAT JAN D. RHOAT 04/28/05  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD ☒ Delete  
NAME RHOAT, RAYMOND A.  
STREET ADDRESS 2010 ST. LUCIE BLVD  
CITY-ST-ZIP FORT PIERCE, FL

TITLE PTD ☒ Change ☐ Addition  
NAME RHOAT, JAN D.  
STREET ADDRESS 2402 S. 19th STREET  
CITY-ST-ZIP FORT PIERCE, FL 34982

TITLE ST ☒ Delete  
NAME RHOAT, JAN D.  
STREET ADDRESS 2402 S. 19TH STREET  
CITY-ST-ZIP FORT PIERCE, FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☐ Change ☒ Addition  
NAME GYARMATHY, DEIRDRE A.  
STREET ADDRESS 530 S.E. 1st STREET  
CITY-ST-ZIP CAPE CORAL, FL 33990

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Change ☒ Addition  
NAME RHOAT, ROBERT T.  
STREET ADDRESS 2402 S. 19th STREET  
CITY-ST-ZIP FORT PIERCE, FL 34982

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: JAN D. RHOAT JAN D. RHOAT 4/28/05 772-465-9400  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #