

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90205 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

2. Principal Place of Business

2010 ST. LUCIE BLVD

3. Mailing Address

2010 ST. LUCIE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04192006

Chg-P

CR2E034 (11/05)

City & State

FORT PIERCE, FL

City & State

FORT PIERCE, FL

4. FEI Number

65-0072452

Applied For

Not Applicable

Zip

34946

Country

USA

Zip

34946

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RHOAT, RAYMOND
2402 S 19TH ST
FORT PIERCE, FL 34982

7. Name and Address of New Registered Agent

Name

RHOAT, JAN

Street Address (P.O. Box Number is Not Acceptable)

2402 S. 19TH ST

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, PRESIDENT

4/21/06

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PTD ☐ Delete
NAME RHOAT, JAN D
STREET ADDRESS 2402 S 19TH ST
CITY-ST-ZIP FORT PIERCE, FL 34982

TITLE VP ☐ Delete
NAME GYARMATHY, DIERDRE A
STREET ADDRESS 530 SE 1ST STREET
CITY-ST-ZIP CAPE CORAL, FL 33990

TITLE S ☐ Delete
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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition
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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAN D. RHOAT JAN D. RHOAT, PRES 4/21/06 (772) 465-9400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #