2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATUR

FILED Aug 14, 2006 08:00 All Secretary of State DOCUMENT # L69126 1. Entity Name M.E. GOOD REALTY, INC. Principal Place of Business Mailing Address 1231 SE PORT ST LUCIE BLVD 1231 SE PORT ST LUCIE BLVD PORT SAINT LUCIE FL 34952 PORT SAINT LUCIE FL 34952 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E034 (4/06) Applied For City & State 4. FEI Number City & State 65-0203234 Not Applicable Zip \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WHALEN, TIMOTHY L. Street Address (P.O. Box Number is Not Acceptable) SUITE 850 400 AUSTRALIAN AVENUE SOUTH WEST PALM BEACH FL 33401 Zip Code City 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 \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 **\$5.00** May Be 9. Election Campaign Financing DUE BY September 6, 2006 late fee. By checking this box, the corporation certifies it did Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State not receive prior notice. Fee to file is \$150.00. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change Addition TITLE ☐ Delete GOOD, MARGARET NAME 4276 SW BIMINI CIRCLE SOUTH STREET ADDRESS STREET ADDRESS HODDOOR7422A PALM CITY FL 34990 CITY-ST-ZIP CITY-ST-ZIP 158. ☐ Delete Change Addition TITLE GOOD, MARGARET NAME NAME 4276 SW BIMINI CIRCLE SOUTH STREET ADDRESS STREET ADDRESS PALM CITY FL 34990 CITY-ST-ZIP CITY - ST - ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP Change Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7IP CITY-ST-7IP ☐ Change ■ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY - ST - ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST: ZIP 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, Flonda Statutes; and that my name appears in Block 10 or Block 11 if