


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2005 8:00 am**  
**Secretary of State**

03-31-2005 90059 041 \*\*\*\*75.00

<b>DOCUMENT #</b> N02000005866	
1. Entity Name GOOD FIGHT MINSITRIES INC.	

Principal Place of Business 1540 MONUMENT RD. SUITE 2 JACKSONVILLE, FL 32225	Mailing Address 10560 BEVERLY NALLE RD. JACKSONVILLE, FL 32225
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50032861



2. Principal Place of Business 3264 Townsend Blvd.	3. Mailing Address P.O. Box 8029
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03292005 Chg-NP CR2E037 (10/03)

City & State Jacksonville, FL	City & State Jacksonville, FL
Zip 32271	Zip 32239
Country US	Country US

4. FEI Number 76-0709329	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CASIANO, ANGEL 10560 BEVERLY NALLE RD. JACKSONVILLE, FL 32225	
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7. Name and Address of New Registered Agent	
Name James Pierce	
Street Address (P.O. Box Number is Not Acceptable) 2752 Saveshelter Dr. West	
City Jacksonville	Zip Code FL 32225

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:  DATE: 3/29/05  
(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CASIANO, ANGEL 10560 BEVERLY NORTH RD. JACKSONVILLE, FL 32225 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	F GONZALEZ, IVETTE 2040 LEON RD. JACKSONVILLE, FL 32246 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GONZALEZ, EFREM 2040 LEON RD. JACKSONVILLE, FL 32246 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LAPR OWER, DENNIS 8875 HAMPTON LANDING DR. E. JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SUAU, FRANK 11133 RIFLE RUN RD JACKSONVILLE, FL 32225 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM BURCH, JAMES 1868 WOODLEIGH DR W JACKSONVILLE, FL 32221 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President James Pierce 2752 Saveshelter Dr. West Jacksonville, FL 32225 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President/Secretary Angel Casiano 10560 Beverly Nalle Rd. Jacksonville, FL 32225 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Deon Van Staden 3264 Townsend Blvd. Jacksonville, FL 32271 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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:  James R Pierce 29 MAR 05 5681782  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #