2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007579

BARBUSH, TRACY

GOODLAND, FL 34140

BOX 652

Name: Address:

City-St-Zip:

FILED Jan 12, 2009 Secretary of State

Entity Name: MARDI GRAS GOODLAND, INC. **Current Principal Place of Business: New Principal Place of Business:** 1083 N. COLLIER BLVD.,#345 MARCO ISLAND, FL 34145 **Current Mailing Address: New Mailing Address:** 1083 N. COLLIER BLVD.,#345 MARCO ISLAND, FL 34145 FEI Number: 59-3616852 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MORRIS, WILLIAM G ESQ 247 N. COLLIER BLVD., STE. 202 MARCO ISLAND, FL 34145 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete RITCHIE, ELAINE Name: Name: Address: 1083 N. COLLIER BLVD.,#345 Address: City-St-Zip: MARCO ISLAND, FL 34145 City-St-Zip: Title: Title: () Delete () Change () Addition Name: MILLER, MARY Name: Address: PO BOX 521 Address: City-St-Zip: GOODLAND, FL 34140 City-St-Zip: Title: () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: ELAINE RITCHIE D 01/12/2009