

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90163 011 \*\*\*150.00

**DOCUMENT # P00000040079**

1. Entity Name

GOOD TIMES DINER, INC.



Principal Place of Business

325 AIRPORT RD. NORTH  
NAPLES FL 34104

Mailing Address

325 AIRPORT RD. NORTH  
NAPLES FL 34104

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-3638551

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SPARKMAN, RICHARD D  
307 AIRPORT PULLING RD. NORTH  
NAPLES FL 34104

7. Name and Address of New Registered Agent

Name

Jeffrey C. Quinn, Esq.

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

307 Airport Pulling Road North

City

Naples

FL

Zip Code

34104-3519

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 \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing

Trust Fund Contribution. ☐

**\$5.00** May Be

Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
O'DONNELL, JULIE  
2488 CLIPPER WAY  
NAPLES FL 34104 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
S  
GODDARD, GLENDE  
628 109TH AVE  
NAPLES FL 34108 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
  
  
  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
  
  
  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
  
  
  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
  
  
  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
president  
Goddard, Glenda  
1540 Oaks Blvd.  
Naples Fla 34110 ☒ Change ☐ Addition

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Glenda Goddard*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-06 239-434-8778

Date

Daytime Phone #