

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90004 032 ***150.00

DOCUMENT # P00000057777 1. Entity Name AS GOOD AS IT GETS, INC.																																	
Principal Place of Business 4506 A 86 STREET WEST BRADENTON, FL 34210			Mailing Address 4506 A 86 STREET WEST BRADENTON, FL 34210																														
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																														
			03252007 Chg-P CR2E034 (12/06)																														
			4. FEI Number 65-1016825		Applied For <input type="checkbox"/> Not Applicable																												
			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																														
6. Name and Address of Current Registered Agent JOHNSTON, JAMES L 4506 A 86 STREET WEST BRADENTON, FL 34210				7. Name and Address of New Registered Agent Name Johnston, James L. Street Address (P.O. Box Number is Not Acceptable) 1518 70th Street West City Bradenton FL Zip Code 34209																													
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;"> (SIGNATURE) <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> president <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 30%; text-align: right;"> 3-26-07 <small>DATE</small> </div> </div>																																	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																															
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">P</td> <td style="width: 5%;">Delete</td> </tr> <tr> <td>NAME</td> <td>JOHNSTON, JAMES L</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4506 86TH STREET WEST</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>BRADENTON, FL 342102433</td> <td></td> </tr> </table> </div> <div style="flex: 1;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">President</td> <td style="width: 5%;">Change</td> <td style="width: 5%;">Addition</td> </tr> <tr> <td>NAME</td> <td>James L. Johnston</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1518 70th Street West</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>Bradenton, FL 34209</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	P	Delete	NAME	JOHNSTON, JAMES L		STREET ADDRESS	4506 86TH STREET WEST		CITY - ST - ZIP	BRADENTON, FL 342102433		TITLE	President	Change	Addition	NAME	James L. Johnston			STREET ADDRESS	1518 70th Street West			CITY - ST - ZIP	Bradenton, FL 34209		
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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: James L. Johnston 3-26-07 941-795-5711 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																	