FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 02, 2002 8:00 am Secretary of State

DOCUMENT # POIOXXX47417		Secretary of State 04-02-2002 90971 013 ***150.00	
Gooding + Co Mortgage Inc.	1	130.00	
DO NOT WRITE IN THIS SPACE		80057488	
2. Principal Place of Business 235 Si Martland Ave	same		
Suite, Apt. #, etc. Suite. Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
Martand R City & State	· · · · · · · · · · · · · · · · · · ·	4. FEI Number 3719114 Applied For Not Applicable	
32751 County A Zip	Country	5. Certificate of Status Desired	
DO NOT WRITE IN THIS SPACE	Name LAU Street Address (7. Name and Address of Current Registered Agent PRIE ANN SOUDERS PO Box Number is Not Appentable Red Hand FL 32751	
Language 4 - MA	registered office or register DURIE ANA Registered Agent signature required ay 1 Fee is \$150.00	1 SOUDERS 3/25/2002	
Tax filing requirement and elects to do so. (See criteria on back) After May Amended Make Check Payab	ay i Fee is \$150.00 1, Fee is \$550.00 I UBR is \$61.25 le to Department of Sta	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
11. OFFICERS AND DIRECTORS THE NAME STREET ADDRESS CITY-ST-ZIP Martland A. 32751	TITLE NAME STREET ADDRESS CITY-ST-2IP		CR2E034B (12/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY+ ST- ZIP		CRZE
TITLE NAME STREET ADDRESS CITY-ST-7IP	THE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CHY-ST-ZIP	IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME. STREET ADDRÉSS. CITY-ST-ZIP		
13. I hereby certify that the information supplied with this filing does not qualify for indicated on this report or supplemental report is fruit and accurate and that mof the corporation of the receiviff or trustee empowered oxecute this report attachment with an address, with all other like empowered.	the exemption stated in Se by signature shall have the start as required by Chapter 60	ction 119.07(3)(i). Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director 07. Florida Statutes; and that my name appears in Block 11 or on an 3/25/2002	
SIGNATURE: SIGNATURE AND TYPED OR PRINTIPD NAME OF SIGNING OFFICER OF	OR DIRECTOR	Date Dayting Phone #	