

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90023 018 ***150.00

DOCUMENT # P01000074143

1. Entity Name
GOODMAN SERVICE, INC.



Principal Place of Business
**2750 NW 29TH STREET
FORT LAUDERDALE, FL 33311**

Mailing Address
**2750 NW 29TH STREET
FORT LAUDERDALE, FL 33311**

94047133



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03122004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

65-1124626

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BONHOMME, YVES
2570 NW 29TH STREET
FORT LAUDERDALE, FL 33311**

7. Name and Address of New Registered Agent

Name **BONHOMME YVES**
Street Address (P.O. Box Number is Not Acceptable)
2750 N.W. 29 STREET
FORT LAUDERDALE
City **FL** Zip Code **33311**

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

YVES BONHOMME, PRESIDENT 03/12/04

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D BONHOMME, YVES**
STREET ADDRESS **2750 NW 29TH STREET**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33311**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

YVES BONHOMME, PRESIDENT

03/12/04

Date

994 410-9697

Daytime Phone #