

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 28, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000096759**

1. Entity Name

GOOD MIDWESTERN STOCK, INC.



Principal Place of Business

8530 MOON LAKE RD.  
NEW PORT RICHEY, FL 34654

Mailing Address

8530 MOON LAKE RD.  
NEW PORT RICHEY, FL 34654

**DO NOT WRITE IN THIS SPACE**



01252004 No Chg-P CR2E034 (10/03)

4. FEI Number

65-1141743

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

DAMM, SAMUEL J  
12255 LACEY DRIVE  
NEW PORT RICHEY, FL 34654

**DO NOT WRITE  
IN THIS SPACE**

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, 2004 Fee will be \$350.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME DAMM, SAMUEL J  
STREET ADDRESS 12255 LACEY DRIVE  
CITY - ST - ZIP NEW PORT RICHEY, FL 34654

TITLE VP  
NAME CLEGG, RANDY  
STREET ADDRESS 7523 JASMINE BLVD  
CITY - ST - ZIP PORT RICHEY, FL 34668

TITLE S  
NAME DAMM, LINDA  
STREET ADDRESS 12255 LACEY DR  
CITY - ST - ZIP NEW PORT RICHEY, FL 34654

TITLE T  
NAME CLEGG, THERESA  
STREET ADDRESS 7523 JASMINE BLVD  
CITY - ST - ZIP PORT RICHEY, FL 34668

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

U000000069757  
03/01/04-80023-005 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 another like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-25-04

727 856 1256