## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **Secretary of State DOCUMENT # P02000053316** 03-03-2006 90105 025 \*\*\*150.00 GOODY TOURS, INCORPORATED Principal Place of Business Mailing Address 1603 FARNAM ST 131 PLACID DR **OMAHA NE 68102** FORT MYERS FL 33919 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 39-1909428 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Dosired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GOODMAN, STEVEN B Street Address (P.O. Box Number is Not Acceptable) 131 PLACID DR FT MYERS FL 33919 City Zip Code 6. 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 priving name; of registered agent and tate if applicable (NOTE Registered Agent signature required when revealing) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete BDE ☐ Change ☐ Addition GOODMAN, STEVEN B NAME NAME STREET ADDRESS 131 PLACID DR STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33919 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE Oetete TITLE ☐ Change Addition NAME HAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Add:tion NAME NAME STREET ADORESS STREET ADORESS CITY-ST-ZIP CITY-ST-7P Delete TITLE Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZP IIILE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-S1-29 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 it 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**:

FILED

Mar 03, 2006 8:00 am



## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 9, 2006

GOODY TOURS, INCORPORATED 131 PLACID DR FORT MYERS, FL 33919

Subject: GOODY TOURS, INCORPORATED

Reference Number:

P02000053316

Please be advised, we have received your annual report/uniform business report; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JE ANNUAL REPORTS SECTION