

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90260 001 ***150.00

DOCUMENT # P03000064519

1. Entity Name
GOOD CAPITAL GROUP INC.



Principal Place of Business 174 W COMSTOCK AVENUE SUITE 114 WINTER PARK, FL 32789	Mailing Address 174 W COMSTOCK AVENUE SUITE 114 WINTER PARK, FL 32789
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2. Principal Place of Business - No P.O. Box # 222 W. Comstock Ave.	3. Mailing Address 174 W. Comstock Ave.
Suite, Apt. #, etc. Suite 208	Suite, Apt. #, etc. Suite 100
City & State Winter Park, Florida	City & State Winter Park, Florida
Zip 32789	Country USA

40097600



01292008 Chg-P CR2E034 (12/06)

4. FEI Number 05-0573238	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GOOD, M. CARSON
174 W. COMSTOCK AVENUE
SUITE 114
WINTER PARK, FL 32789**

7. Name and Address of New Registered Agent

Name M. Carson Good
Street Address (P.O. Box Number is Not Acceptable) 222 W. Comstock Ave.
Suite 208
City Winter Park, FL
Zip Code 32789

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PRES	<input type="checkbox"/> Delete
NAME GOOD, M. CARSON	
STREET ADDRESS 174 W. COMSTOCK AVENUE, STE. 114	
CITY-ST-ZIP WINTER PARK, FL 32789	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME M. Carson Good	
STREET ADDRESS 174 W. Comstock Ave., Suite 100	
CITY-ST-ZIP Winter Park, FL 32789	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: M. Carson Good, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/2008
Date

407-702-6670
Daytime Phone #