

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90007 020 ***150.00

DOCUMENT # P03000091643

1. Entity Name
GOODEN FINANCIAL GROUP, INC



Principal Place of Business
**8286 ROCKY CREEK DRIVE
JACKSONVILLE, FL 32244 US**

Mailing Address
**8286 ROCKY CREEK DRIVE
JACKSONVILLE, FL 32244 US**

54016131



2. Principal Place of Business
**550 WATER ST.
Suite, Apt. #, etc.
1359**

3. Mailing Address
**550 WATER ST.
Suite, Apt. #, etc.
1359**

02272004 Chg-P CR2E034 (10/03)

City & State
**JACKSONVILLE
FL**

Country
U.S.

City & State
**JACKSONVILLE
FL**

Country
US

4. FEI Number
56-2387388

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DC FINANCIAL SOLUTIONS INC
1236 S MCDUFF AVENUE
SUITE 109
JACKSONVILLE, FL 32205**

7. Name and Address of New Registered Agent

Name **LAWRENCE GOODEN**
Street Address (P.O. Box Number is Not Acceptable)
550 WATER ST #1359
City **JACKSONVILLE** FL Zip Code **32202**

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 **L. Gooden, LAWRENCE GOODEN, PRESIDENT**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

2/27/04
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	PTD	<input type="checkbox"/> Delete
NAME	GOODEN, LAWRENCE H	
STREET ADDRESS	8286 ROCKY CREEK DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32244	
TITLE	VPSD	<input type="checkbox"/> Delete
NAME	GOODEN, ROBIN L	
STREET ADDRESS	8286 ROCKY CREEK DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32244	
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	<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	
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 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: **L. Gooden**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/04 **(904) 465-1697**
Date Daytime Phone #