

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000118576

1. Entity Name  
GOODLANDS OF FLORIDA, INC.



FILED

04 APR 20 PM 2:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
8556 BANNERMAN BLUFF DRIVE  
TALLAHASSEE, FL 32312

Mailing Address  
8556 BANNERMAN BLUFF DRIVE  
TALLAHASSEE, FL 32312

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04202004

Chg-P

CR2E034 (10/03)

04

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOODE, GERALD F  
8556 BANNERMAN BLUFF DRIVE  
TALLAHASSEE, FL 32312

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P  
GOODE, GERALD F  
8556 BANNERMAN BLUFF DRIVE  
TALLAHASSEE, FL 32312

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

900035726269  
05/06/04--01078--005 \*\*150.00

☐ Change ☐ Addition

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GOODE, DIANE Y  
8556 BANNERMAN BLUFF DRIVE  
TALLAHASSEE, FL 32312

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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

Date

Daytime Phone

*Gerald F. Goode*

4-20-04

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