

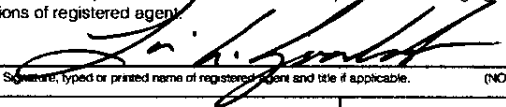



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90021 005 ***158.75

DOCUMENT # P03000138278 1. Entity Name GOODY ENTERPRISES, INC.					
Principal Place of Business 635 FULTON ROAD, APT. 61 TALLAHASSEE, FL 32312			Mailing Address 635 FULTON ROAD, APT. 61 TALLAHASSEE, FL 32312		
2. Principal Place of Business 1500 Apalachee Parkway Suite, Apt. #, etc. Suite 2022 City & State Tallahassee, FL Zip 32301 Country Leon		3. Mailing Address 1500 Apalachee Parkway Suite, Apt. #, etc. Suite 2022 City & State Tallahassee, FL Zip 32301 Country Leon			
4. FEI Number 20-0430910				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				02252004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent GOODART, LORI 635 FULTON ROAD, APT. 61 TALLAHASSEE, FL 32312			7. Name and Address of New Registered Agent Name Lori A. Goodart Street Address (P.O. Box Number is Not Acceptable) 3244 Stanhope Drive City Tallahassee FL Zip Code 32311		
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  DATE 3/1/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PVPT GOODART, LORI 635 FULTON ROAD, APT. 61 TALLAHASSEE, FL 32312 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVPT Goodart, Lori 3244 Stanhope Drive Tallahassee, FL 32311 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			3/1/04 850/878-6958 <small>Date Daytime Phone #</small>		