2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000005585

Entity Name: GOODALE CUSTOM SURFACES INC.

FILED Feb 07, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

10340 LAWSON ROAD 5220 KER DEL RD S.

JACKSONVILLE, FL 32246 JACKSONVILLE, FL 32218

Current Mailing Address: New Mailing Address:

10340 LAWSON ROAD 5220 KER DEL RD S.

JACKSONVILLE, FL 32246 JACKSONVILLE, FL 32218

FEI Number: 20-0579622 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GOODALE, MARK T GOODALE, MARK T 10340 LAWSON ROAD 5220 KER DEL RD S.

JACKSONVILLE, FL 32246 US JACKSONVILLE, FL 32218 US

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.

SIGNATURE: ROSEANN GOODALE 02/07/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Delete Title: P (X) Change () Addition

 Name:
 GOODALE, MARK T
 Name:
 GOODALE, MARK T

 Address:
 10340 LAWSON ROAD
 Address:
 5220 KER DEL RD S.

 City-St-Zip:
 JACKSONVILLE, FL 32246
 City-St-Zip:
 JACKSONVILLE, FL 32218

Title: VP () Delete Title: V (X) Change () Addition Name: GOODALE, ROSEANN Name: GOODALE, ROSEANN

Address: 10340 LAWSON ROAD Address: 5220 KER DEL RD S
City-St-Zip: JACKSONVILLE, FL 32246 City-St-Zip: JACKSONVILLE, FL 32218

Title: () Delete Title: S () Change (X) Addition

 Name:
 Name:
 GOODALE, ROSEANN

 Address:
 Address:
 5220 KER DEL RD S.

 City-St-Zip:
 City-St-Zip:
 JACKSONVILLE, FL 32218

Title: () Delete Title: T () Change (X) Addition

 Name:
 Name:
 GOODALE, ROSEANN

 Address:
 Address:
 5220 KER DEL RD. S

 City-St-Zip:
 City-St-Zip:
 JACKSONVILLE, FL 32218

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSEANN GOODALE SEC 02/07/2005