

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000014979

FILED
Jan 04, 2006
Secretary of State

Entity Name: ALLGOOD FINANCIAL SERVICES, INC.

Current Principal Place of Business:

1615 MAIN STREET
DUNEDIN, FL 34698 US

New Principal Place of Business:

Current Mailing Address:

1615 MAIN STREET
DUNEDIN, FL 34698 US

New Mailing Address:

FEI Number: 20-2124914

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLGOOD, KENNETH E
7304 HIDEAWAY TRAIL
NEW PORT RICHEY, FL 34655 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ALLGOOD, KENNETH E
Address: 7304 HIDEAWAY TRAIL
City-St-Zip: NEW PORT RICHEY, FL 34655 US

Title: VP () Delete
Name: ALLGOOD, BOBBY A
Address: 220 EDEN CIR
City-St-Zip: PINEVILLE, NC 28134 US

Title: SECY () Delete
Name: ALLGOOD, DANIEL A
Address: 7151 61ST ST N
City-St-Zip: PINELLAS PARK, FL 33781 US

Title: TRES () Delete
Name: ALLGOOD, KENNETH E
Address: 7304 HIDEAWAY TR
City-St-Zip: NEW PORT RICHEY, FL 34655 US

Title: VP () Delete
Name: PERRY, CAROLYN
Address: 16209 BREAKWATER LN
City-St-Zip: SPRING HILL, FL 34610 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: ALLGOOD, BOBBY A
Address: 1007 CONE AVE
City-St-Zip: PINEVILLE, NC 28134 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: CAROLYN PERRY

VP

01/04/2006

Electronic Signature of Signing Officer or Director

Date