

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 27, 2005 8:00 am
Secretary of State

05-04-2005 90135 037 ****61.25
06-27-2005 90002 039 ****88.75

DOCUMENT # P04000105137					
1. Entity Name GOOD OLD CONSTRUCTION & DEVELOPMENT CORPORATION					
Principal Place of Business 1925 NE 45TH ST - STE 229 FT LAUDERDALE, FL 33308			Mailing Address 1925 NE 45TH ST - STE 229 FT LAUDERDALE, FL 33308		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 84-1653438	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent VOCE, ALAN 1925 NE 45TH ST - STE 229 FT LAUDERDALE, FL 33308				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				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 re-registering)					
DATE _____		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME		TITLE	NAME	
NAME	STREET ADDRESS		NAME	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
	☐ Delete			☐ Change ☐ Addition	
TITLE	NAME		TITLE	NAME	
NAME	STREET ADDRESS		NAME	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
	☐ Delete			☐ Change ☐ Addition	
TITLE	NAME		TITLE	NAME	
NAME	STREET ADDRESS		NAME	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
	☐ Delete			☐ Change ☐ Addition	
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NAME	STREET ADDRESS		NAME	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
	☐ Delete			☐ Change ☐ Addition	
TITLE	NAME		TITLE	NAME	
NAME	STREET ADDRESS		NAME	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
	☐ Delete			☐ Change ☐ 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: <i>Mildred Black</i>		Mildred Black		4/28/05 954-566-2708	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					