

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90261 026 \*\*\*150.00

**DOCUMENT # P05000129659**

1. Entity Name  
**GOOD CAPITAL PROPERTIES, INC.**



40097001



01292008 Chg-P CR2E034 (12/06)

Principal Place of Business Mailing Address  
174 WEST COMSTOCK AVENUE 174 WEST COMSTOCK AVENUE  
SUITE 114 SUITE 114  
WINTER PARK, FL 32789 WINTER PARK, FL 32789

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
222 W. Comstock Ave. 174 W. Comstock Ave.  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
Suite 208 Suite 100  
City & State City & State  
Winter Park, Florida Winter Park, Florida  
Zip Country Zip Country  
32789 USA 32789 USA

4. FEI Number Applied For  
06-1757594 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**GOOD, M. CARSON**  
**174 WEST COMSTOCK AVENUE**  
**SUITE 114**  
**WINTER PARK, FL 32789**

7. Name and Address of New Registered Agent  
Name **M. Carson Good**  
Street Address (P.O. Box Number is Not Acceptable)  
222 W. Comstock Ave.  
Suite 208  
City **Winter Park, FL** Zip Code **32789**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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	<b>P</b> <b>GOOD, M. CARSON</b> <b>174 WEST COMSTOCK AVENUE, SUITE 114</b> <b>WINTER PARK, FL 32789</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>M. Carson Good</b> <b>174 W. Comstock Ave., Suite 100</b> <b>Winter Park, FL 32789</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** M. Carson Good, President **4/14/2008** **407-702-6670**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #