## **2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

## Mar 14, 2006 8:00 am Secretary of State DOCUMENT # P05000149628 1. Entity Name 03-14-2006 90014 003 \*\*\*150.00 GOODPEOPLE COFFEE COMPANY, INC. Principal Place of Business Mailing Address 77 OCEAN OAKS LANE 77 OCEAN OAKS LANE PALM COAST FL 32137 PALM COAST FL 32137 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 13-4315232 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GOODMAN, ALLEN G Street Address (P.O. Box Number is Not Acceptable) 77 OCEAN OAKS LANE PALM COAST FL 32137 City Zin 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 reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 VICE PRESIDENT TITLE ☐ Delete TITL F **Addition** KARLA GOODMAN NAME GOODMAN, ALLEN G NAME 77 OCEAN DAKS LANE STREET ADDRESS STREET ADDRESS 77 OCEAN OAKS LANE PARLM COAST, FL 32137 CITY-ST-ZIP PALM COAST FL 32137 CITY-ST-ZIP TITI F ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE Dalata\_ TITLE Change---- Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

**FILED** 

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: X Shen G. GOODMAN Allen G. GOODMAN X 3 3 06