


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State


01-22-2007 90110 046 ***150.00

DOCUMENT # P06000072036		
1. Entity Name GOODSON BUILDERS INC.		

Principal Place of Business 438 VILLAGE COURT UNIT #C MINNEOLA, FL 34715 US	Mailing Address 438 VILLAGE COURT UNIT #C MINNEOLA, FL 34715 US
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2. Principal Place of Business - No P.O. Box # 9705 Hickory Hollow Rd. Suite, Apt. #, etc. Lot #10 City & State Leesburg, FL. Zip 34788 Country USA	3. Mailing Address 9705 Hickory Hollow Rd. Suite, Apt. #, etc. Lot #10 City & State Leesburg, FL. Zip 34788 Country USA
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01172007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent GOODSON, JOHNNY R 438 VILLAGE COURT UNIT #C MINNEOLA, FL 34715		7. Name and Address of New Registered Agent Name Goodson, Johnny R Street Address (P.O. Box Number is Not Acceptable) 9705 Hickory Hollow Rd. Lot #10 City Leesburg FL Zip Code 34788	
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 <u>Goodson, Johnny R.</u> <u>Johnny R. Goodson</u> 01-12-06 <small>Signature, typed or printed name of registered agent and title is acceptable (NOT Registered Agent signature required when reinstating)</small> DATE			

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GOODSON, JOHNNY R 438 VILLAGE COURT UNIT #C MINNEOLA, FL 34715 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Goodson, Johnny R <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9705 Hickory Hollow Rd Lot #10 Leesburg, FL. 34788
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input 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: Johnny R. Goodson 01-18-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #