2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000077364

Title:

Name:

Address:

City-St-Zip:

() Delete

WEST MELBOURNE, FL 32904

GOODNIGHT, MATTHEW D

2974 TUSCARORA CT

FILED Jul 14, 2008 Secretary of State

Entity Name: GO	ODNIGHT CON	STRUCTION AND R	REAL ESTA	ATE INC.		
Current Principal Place of Business:			N	New Principal Place of Business:		
2081 THORWOOD DR SE PALM BAY, FL 32909				2081 THORNWOOD DR SE PALM BAY, FL 32909		
Current Mailing Address:				New Mailing Address:		
2974 TUSCARORA WEST MELBOURI				2081 THORNWOOD PALM BAY, FL 32909		
FEI Number: 20-50231	181 FEI Num	ber Applied For()	FEI Numb	er Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			N	Name and Address of New Registered Agent:		
GOODNIGHT, GARY W 2974 TUSCARORA CT WEST MELBOURNE, FL 32904 US				GOODNIGHT, GARY W 2081 THORNWOOD DR SE PALM BAY, FL 32909 US		
The above named in the State of Flori		is statement for the p	urpose of c	changing its registere	d office or registered agent, or both,	
SIGNATURE: GARY W GOODNIGHT				07/14/2008		
Electronic Signature of Registered Agent Date					Date	
In accordance with s. Election Campaign Fi		, the corporation did not did Contribution ().	t receive the	prior notice.		
OFFICERS AND DIRECTORS:			Δ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Address: 2081 Th	() Delete IIGHT, GARY W IORNWOOD DR AY, FL 32909		N A	ïtle: lame: kddress: City-St-Zip:	() Change () Addition	
Address: 2081 Th	() Delete IIGHT, DEBORAH J IORNWOOD DR AY, FL 32909		N A	ïtle: lame: kddress: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: GARY W GOODNIGHT Ρ 07/14/2008

(X) Change () Addition

GOODNIGHT, MATTHEW D

MELBOURNE, FL 32901

2623 WATKINS DR