

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000054219

Entity Name: GOOD SENSE, INC.

FILED  
Apr 30, 2011  
Secretary of State

**Current Principal Place of Business:**

6120 SW 19 STREET  
NORTH LAUDERDALE, FL 33068

**New Principal Place of Business:**

**Current Mailing Address:**

6120 SW 19 STREET  
NORTH LAUDERDALE, FL 33068

**New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCCLOVER, DARYL  
6120 SW 19 STREET  
NORTH LAUDERDALE, FL 33068 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MCCLOVER, CATHY  
Address: 6120 SW 19 STREET  
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: V  
Name: WRIGHT, TAKEIA  
Address: 12993 MALLORY CIRCLE  
City-St-Zip: ORLANDO, FL 32828

Title: T  
Name: MCCLOVER, VONNELL  
Address: 6120 SW 19 STREET  
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: S  
Name: MCCLOVER, CATHY  
Address: 6120 SW 19 STREET  
City-St-Zip: NORTH LAUDERDALE, FL 33068

I hereby 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 all other like empowered.

SIGNATURE: CATHY MCCLOVER

P.

04/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date