

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000024577

FILED  
Mar 17, 2010  
Secretary of State

**Entity Name:** GOODLETTE OFFICE CORPORATION

**Current Principal Place of Business:**

3606 ENTERPRISE AVE  
NAPLES, FL 34104 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 8537  
NAPLES, FL 34101

**New Mailing Address:**

**FEI Number:** 65-0400349

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BARBER, DONALD R  
3606 ENTERPRISE AVE  
NAPLES, FL 33942 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** BARBER, DONALD R  
**Address:** 3606 ENTERPRISE  
**City-St-Zip:** NAPLES, FL

**Title:** V  
**Name:** CRAIG, RICHARD D  
**Address:** 3606 ENTERPRISE  
**City-St-Zip:** NAPLES, FL

**Title:** V  
**Name:** BUNNELL, JAY  
**Address:** 3606 ENTERPRISE  
**City-St-Zip:** NAPLES, FL

**Title:** ST  
**Name:** BUNNELL, JAY  
**Address:** 3606 ENTERPRISE  
**City-St-Zip:** NAPLES, FL

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:** DONALD R BARBER

P

03/17/2010

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

\_\_\_\_\_  
Date