

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90013 034 ***150.00

DOCUMENT # P94000026678

1. Entity Name
GOODRICH PROPERTIES II, INC.



Principal Place of Business
**1067 S. OCEAN BLVD.
PALM BEACH, FL 33480**

Mailing Address
**1067 S. OCEAN BLVD.
PALM BEACH, FL 33480**

54026317



2. Principal Place of Business
Edwards & Angell (G. Young)

3. Mailing Address
Edwards & Angell (G. Young)

Suite, Apt. #, etc.
One N. Clematis St., Ste.400

Suite, Apt. #, etc.
One N. Clematis St., Ste400

02042004 Chg-P CR2E034 (10/03)

City & State
W. Palm Beach, FL

City & State
W. Palm Beach, FL

4. FEI Number
65-0482582

Applied For
☐ Not Applicable

Zip
33401

Country
USA

Zip
33401

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip 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
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
COLEMAN, JOHN J
1067 SOUTH OCEAN BLVD
PALM BEACH, FL 33480** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TSD
HINES, EDWARD F JR
63 SALEM STREET
ANDOVER, MA 01810** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
CORLEY, NOLLY E
20 BELLAIRE RD.
BOSTON, MA 02131** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
Clark, Stanley L.
265 Blue Ridge Road
N. Andover, MA 01845** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Nolly Corley **NOLLY CORLEY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/2004

Date

781-274-7101

Daytime Phone #