

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000026678

1. Entity Name

GOODRICH PROPERTIES II, INC.



Principal Place of Business

EDWARDS & ANGELL (G. YOUNG)
ONE N. CLEMATIS ST., STE 400
WEST PALM BEACH, FL 33401

Mailing Address

EDWARDS & ANGELL (G. YOUNG)
ONE N. CLEMATIS ST., STE 400
WEST PALM BEACH, FL 33401



04012005 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0482582

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CLARK, STANLEY L
STREET ADDRESS 265 BLUE RIDGE ROAD
CITY-ST-ZIP NORTH ANDOVER, MA 01845

TITLE TD
NAME HINES, EDWARD F JR
STREET ADDRESS 63 SALEM STREET
CITY-ST-ZIP ANDOVER, MA 01810

TITLE S
NAME CORLEY, NOLLY E
STREET ADDRESS 20 BELLAIRE RD.
CITY-ST-ZIP BOSTON, MA 02131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NOLLY CORLEY

Secretary

4/1/05
Date

781-274-7101
Daytime Phone #