

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2006 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**

**DO NOT WRITE IN THIS SPACE**



03312006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0482582**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**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 resigning)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000502243  
04/25/06-80095-017 150.00

**10. OFFICERS AND DIRECTORS**

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
CORLEY, NOLLY E  
20 BELLAIRE RD.  
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 exemptions contained 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 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 Secretary  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/06  
Date

781-274-7101  
Daytime Phone #