2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# P94000052954

Entity Name: GOODMAN & ASSOCIATES, INC.

Current Principal Place of Business:

218 CRYSTAL GROVE BLVD.
LUTZ, FL 33548 US

New Principal Place of Business:

220 CRYSTAL GROVE BLVD.
LUTZ, FL 33548 US

Current Mailing Address:

218 CRYSTAL GROVE BLVD.
LUTZ, FL 33548 US

New Mailing Address:

220 CRYSTAL GROVE BLVD.
LUTZ, FL 33548 US

FEI Number: 59-3260286 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOODMAN, RON
17921 CROOKED LN
LUTZ, FL 33549 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: D ( ) Delete
Name: GOODMAN, RON
Address: 17921 CROOKED LN.
City-St-Zip: LUTZ, FL 33548

Title: V (X) Delete
Name: GIBSON, DARREN K
Address: 5933 WOODSMAN DR
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: S ( ) Delete
Name: GOODMAN, SHARON
Address: 17921 CROOKED LANE
City-St-Zip: LUTZ, FL 33548

Title: V (X) Delete
Name: RICK, DAVID A
Address: 3340 NATURE TRAIL
City-St-Zip: BROOKSVILLE, FL 34602

Title: V ( ) Delete
Name: FOSTER, DAVID J
Address: 6250 PERDITA COURT
City-St-Zip: WESLEY CHAPEL, FL 33544

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RON GOODMAN D 04/29/2009
Electronic Signature of Signing Officer or Director Date