

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000063531

1. Entity Name
GOOD SOUNDS, INC.



Principal Place of Business

5446 W. SAMPLE RD.
MARGATE, FL 33073

Mailing Address

5446 W. SAMPLE RD.
MARGATE, FL 33073

DO NOT WRITE IN THIS SPACE



01202004 No Chg-P CR2E034 (10/03)

4. FCI Number
65-0615729

Approved For
Not Applicable

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

6. Name and Address of Current Registered Agent

MCGOWAN, JAMES
2711 NE 47 ST.
LIGHTHOUSE PT, FL 33064

**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 of the individual who is the registered agent for the corporation

Signature of the registered agent for the corporation

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 PS
NAME MCGOWAN, JAMES
STREET ADDRESS 2711 NE 47 ST.
CITY ST ZIP LIGHTHOUSE PT., FL 33064

TITLE VPT
NAME MCGOWAN, JOANE
STREET ADDRESS 2711 NE 47 ST.
CITY ST ZIP LIGHTHOUSE PT., FL 33064

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000000011218
01/23/04-80026-024 150.00

**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 a "other" like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John McGowan, V. Pres. *Jo Anne McGowan, V.P.*