

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90050 011 \*\*\*150.00

**DOCUMENT# P98000051745**

1. Entity Name

ITS ALL GOOD ENTERPRISES, INC.



Principal Place of Business  
 2027 MAYPORT ROAD  
 ATLANTIC BEACH FL 32233

Mailing Address  
 2027 MAYPORT ROAD  
 ATLANTIC BEACH FL 32233

2. Principal Place of Business

465 TRESCA ROAD  
 Suite, Apt. #, etc.

3. Mailing Address

465 TRESCA ROAD  
 Suite, Apt. #, etc.



MOORE CR2E034 (11/03)

City & State

JACKSONVILLE, FLORIDA

City & State

JACKSONVILLE, FLORIDA

4. FEI Number

59-3515763

Applied For

Not Applicable

Zip

32225

Country

U.S.A.

Zip

32225

Country

U.S.A.

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CONLEY, BRIAN  
 2027 MAYPORT ROAD  
 ATLANTIC BEACH FL 32233

7. Name and Address of New Registered Agent

Name

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

465 TRESCA ROAD

City

JACKSONVILLE

FL

Zip Code

32225

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**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing: Trust Fund Contribution.

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CONLEY, MIKE	
STREET ADDRESS	2027 MAYPORT ROAD	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CONLEY, BRIAN	
STREET ADDRESS	2027 MAYPORT ROAD	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CONLEY, GREG	
STREET ADDRESS	2027 MAYPORT ROAD	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	465 TRESCA ROAD	
CITY-ST-ZIP	JACKSONVILLE, FL 32225	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	465 TRESCA ROAD	
CITY-ST-ZIP	JACKSONVILLE, FL 32225	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	465 TRESCA ROAD	
CITY-ST-ZIP	JACKSONVILLE, FL 32225	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #