


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 28, 2004 08:00 AM**  
**Secretary of State**

|   |         |   |         |
|---|---------|---|---------|
| <b>DOCUMENT # P98000084782</b>  |         |  |         |
| 1. Entry Name<br><b>GOOD SERVICES, INC.</b>                                       |         |   |         |
| Principal Place of Business<br><b>1242 N. MONROE ST.<br/>TALLAHASSEE FL 32303</b> |         | Mailing Address<br><b>1242 N. MONROE ST.<br/>TALLAHASSEE FL 32303</b>             |         |
| 2. Principal Place of Business  |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.   |         | Suite, Apt. #, etc.   |         |
| City & State  |         | City & State  |         |
| Zip   | Country | Zip   | Country |



MOORE CR2E034 (11/03)

|   |  |  |  |
|---|--|--|--|
| 4. FEI Number<br><b>59-3539731</b>                        |  | Applied For<br><input type="checkbox"/> Not Applicable |  |
| 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$8.75</b> Additional Fee Required                  |  |

|   |  |  |                    |
|---|--|--|--------------------|
| <b>6. Name and Address of Current Registered Agent</b>                    |  | <b>7. Name and Address of New Registered Agent</b> |                    |
| <b>GOOD, PATTI DENISE<br/>1242 N. MONROE ST.<br/>TALLAHASSEE FL 32303</b> |  | Name   |                    |
|   |  | Street Address (P.O. Box Number is Not Acceptable) |                    |
|   |  | City   | <b>FL</b> Zip Code |

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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                         |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>D</b><br><b>GOOD, PATTI DENISE</b><br><b>4116 CASTELLAN DR.</b><br><b>TALLAHASSEE FL 32308</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>U00000017206</b><br><b>01/28/04-80085-012 150.00</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>D</b><br><b>GOOD, FRED</b><br><b>710 CONCORD RD.</b><br><b>TALLAHASSEE FL 32308</b>            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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:** *Patti Good* **PATTI GOOD** 1-21-04 850-521-9813  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #