


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2008 08:00 A
Secretary of State

DOCUMENT # P98000084782 1. Entity Name GOOD SERVICES, INC.	
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Principal Place of Business 1242 N. MONROE ST. TALLAHASSEE, FL 32303	Mailing Address 1242 N. MONROE ST. TALLAHASSEE, FL 32303
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02202008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

GOOD, PATTI DENISE
 1242 N. MONROE ST.
 TALLAHASSEE, FL 32303

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: Patti Good (NOTE: Registered Agent signature required when reinstating) DATE: 2-25-08

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOOD, PATTI DENISE 4116 CASTELLAN DR. TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOOD, FRED 710 CONCORD RD. TALLAHASSEE, FL 32308
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VOID

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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: Patti Good DATE: 2-25-08 DAYLINE PHONE #: 850-521-9818

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #