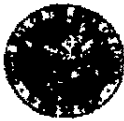
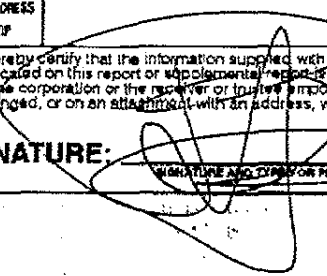


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000047561		
1. Entity Name THE GREAT GOOD PLACE, INC.		
Principal Place of Business 5323 S.W. 91ST TERRACE STE. A&B GAINESVILLE, FL 32606		Mailing Address 5323 S.W. 91ST TERRACE STE. A&B GAINESVILLE, FL 32606
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BYRNES, JENNY 5323 S.W. 91ST TERRACE STE. A&B GAINESVILLE, FL 32606		
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 fee of \$500.00 (NOTE: Registered Agent signature required when re-registering) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		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	PD BYRNE, JENNY 122 N.W. 101 COURT GAINESVILLE, FL 32606	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T VAN BLOKLAND, P.J. 625 SE 119 AVE. MICHANOPY, FL 32667	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S ROOSONRAAD, JON 5323 SW 91 ST TERR GAINESVILLE, FL 32606	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE 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)(b), 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: 		4/28/04 352-378-0121 DATE Daytime Phone



04142004 No Chg-P CR2E034 (10/03)

4. FRI Number 59-3581846	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**U000000138114
04/29/04-80066-024 150.00**DO NOT WRITE
IN THIS SPACE**