2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V03215

1. Entity Name
GOODMAN'S AUTO SERVICE CENTER, INC.

Principal Place of Business	Mailing Address
1601 S. CONGRESS AVENUE DELRAY BEACH, FL 33445	1601 S. CONGRESS AVENUE DELRAY BEACH, FL 33445

DO NOT WRITE IN THIS SPACE

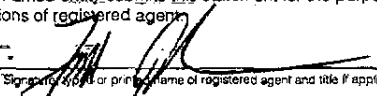02092005   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
65-0308098		Not Applicable

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

6. Name and Address of Current Registered Agent

GOODMAN, FRANKLIN
18767 APPE SABLE DR.
BOCA RATON, FL 33498

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

DATE 2/12/0Y

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

U000002'30887
02/16/05-80009-002 150.00

10.	OFFICERS AND DIRECTORS
TITLE	P
NAME	GOODMAN, FRANKLIN K.
STREET ADDRESS	18767 CAPE SABLE DR
CITY-ST-ZIP	BOCA RATON, FL 33498
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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)(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: _____ Franklin Goodman 2/12/0c 5612762836

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