

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V12716

**FILED**  
**Feb 19, 2010**  
**Secretary of State**

**Entity Name:** S. T. GOOD INSURANCE OF FLORIDA, INC.

**Current Principal Place of Business:**

2501 S.E. AVIATION WAY  
STUART, FL 34996 US

**New Principal Place of Business:**

**Current Mailing Address:**

2501 S.E. AVIATION WAY  
STUART, FL 34996 US

**New Mailing Address:**

**FEI Number:** 65-0315052

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GOOD, SAMUEL T III  
3496 NW OAK GLEN DR  
JENSEN BCH, FL 34957 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** DV  
**Name:** GOOD, SAMUEL T III  
**Address:** 3496 NW OAK GLEN DR  
**City-St-Zip:** JENSEN BEACH, FL 34957

**Title:** DTS  
**Name:** GOOD, KATHLEEN C  
**Address:** 2501 S.E. AVIATION WAY  
**City-St-Zip:** STUART, FL

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** KATHLEEN C. GOOD

DTS

02/19/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date