2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 15, 2006 08:00 AM **DOCUMENT # V67230 Secretary of State** GREAT BEGINNINGS TOGETHER, INC. Principal Pface of Business Mailing Address 4101 5TH AVE NORTH ST PETERSBURG FL 33713 4101 5TH AVE NORTH ST PETERSBURG FL 33713 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 59-3148311 Not Applicat Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GOODE, LISA L Street Address (P.O. Box Number is Not Acceptable) 4101 5TH AVE NORTH ST PETERSBURG FL 33713 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 access the obligations of registered agent. SIGNATURE Eignature, typed in printed name of repolated agent and the if applicable (NOTE Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May : After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change J Acti *U000004*<u>677</u><u>3</u>7 NAME GOODE, LISA L MAAK STREET ADDRESS 1923 20TH AVE NORTH 03/24/06 80003-005 158.75 STHEET ADDRESS ST PETERSBURG FL CITY-ST-78 RRE DVT Defete Change TOTOE NAME GOODE, GEORGE W NAME STREET LADURESS 1923 20TH AVE NORTH STREET ADDRESS CHY-ST-ZIP ST PETERSBURG FL CITY-ST-ZIC mi ☐ Defete TATLE Change □ Mr. NAME NAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIP CHIY-ST-ZIP TITLE Delete THLE Change □ Adv NAME MANIF STREET AGORESS STREET ADDRESS CITY-ST-ZIP City-ST-ZIP TITLE ☐ Dolete กกร Change □ Air. MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP SITE ☐ Detete me Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 direct 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE!

Goode LISA L GOODE

3/13/06

727-327-1785

FILED