

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000002609

FILED
Feb 26, 2007
Secretary of State

Entity Name: GOODWYN MILLS & CAWOOD, INC.

Current Principal Place of Business:

2660 EASTCHASE LANE
SUITE 200
MONTGOMERY, AL 36117

New Principal Place of Business:

Current Mailing Address:

PO BOX 242128
MONTGOMERY, AL 36124

New Mailing Address:

FEI Number: 63-0906620 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALLACE, WILLIAM E
392 WALTON ROSE LANE
PANAMA CITY, FL 32413 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: CP () Delete
Name: CAWOOD, STEVE
Address: 9731 WYNCHASE CIRCLE
City-St-Zip: MONTGOMERY, AL 36117

Title: VCT () Delete
Name: REED, DAVID B
Address: 3707 FREEMAN COURT
City-St-Zip: MONTGOMERY, AL 36109

Title: DS () Delete
Name: WALLACE, WILLIAM E
Address: 3338 THOMAS AVENUE
City-St-Zip: MONTGOMERY, AL 36111

Title: DS () Delete
Name: BELK, JOHN W JR
Address: PO BOX 87
City-St-Zip: SALEM, AL 36874

Title: V () Delete
Name: MILLS, DONALD A.B.
Address: PO BOX 242128
City-St-Zip: MONTGOMERY, AL 36124

Title: V () Delete
Name: GOODWYN, GEORGE T
Address: PO BOX 242128
City-St-Zip: MONTGOMERY, AL 36124

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: WALLACE, WILLIAM E
Address: PO BOX 242128
City-St-Zip: MONTGOMERY, AL 36124

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: THACKSTON, GALEN
Address: PO BOX 242128
City-St-Zip: MONTGOMERY, AL 36124

Title: V (X) Change () Addition
Name: BREWER, JEFFREY
Address: PO BOX 242128
City-St-Zip: MONTGOMERY, AL 36124

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: AMANDA B DAVIS

D

02/26/2007

Electronic Signature of Signing Officer or Director

_____ Date