

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000002609

FILED  
Feb 21, 2008  
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: PO BOX 242128  
City-St-Zip: MONTGOMERY, AL 36124

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

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

Title: V ( ) Delete  
Name: BREWER, JEFFREY  
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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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 DAVIS

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

CFO

02/21/2008

\_\_\_\_\_ Date