

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F16668

FILED
Mar 25, 2005
Secretary of State

Entity Name: GOODWIN REALTY & ASSOCIATES, INC.

Current Principal Place of Business:

931 W. OAK ST.
SUITE 100
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

931 W. OAK ST.
SUITE 100
KISSIMMEE, FL 34741

New Mailing Address:

FEI Number: 59-2063374 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOODWIN, LINDA S
931 W. OAK ST.
KISSIMMEE, FL 34741 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: PS () Delete
Name: GOODWIN, LINDA SUE,
Address: 1920 N EASY ST
City-St-Zip: KISSIMMEE, FL 32741,

Title: VP () Delete
Name: NICHOLS, WILLIAM C
Address: 1920 EASY STREET
City-St-Zip: KISSIMMEE, FL 34741

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TR () Change (X) Addition
Name: BLACKMORE, CAROLEE
Address: 4266 SASHA TR
City-St-Zip: SAINT CLOUD, FL 34772

Title: SEC () Change (X) Addition
Name: GOODWIN, KIMBERLEE A
Address: 2960 VICTORIA DR
City-St-Zip: KISSIMMEE, FL 34746

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LINDA SUE GOODWIN

PS

03/25/2005

Electronic Signature of Signing Officer or Director

_____ Date