2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2006
Secretary of State

DOCUMENT# F16668

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: TR ( ) Delete
Name: BLACKMORE, CAROLEE
Address: 4266 SASHA TR
City-St-Zip: SAINT CLOUD, FL 34772

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

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:

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: WILLIAM C. NICHOLS VP 01/05/2006
Electronic Signature of Signing Officer or Director Date