



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # F16668 1. Entity Name GOODWIN REALTY & ASSOCIATES, INC.	
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Principal Place of Business 931 W. OAK ST. SUITE 100 KISSIMMEE, FL 34741	Mailing Address 931 W. OAK ST. SUITE 100 KISSIMMEE, FL 34741
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DO NOT WRITE IN THIS SPACE



04022008 No Chg-P CR2E034 (11/05)

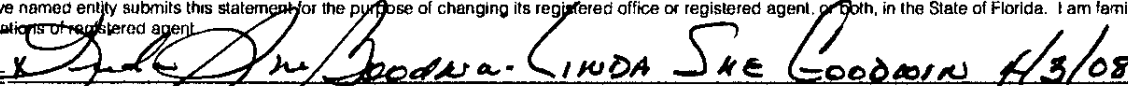
4. FEI Number 59-2063374	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOODWIN, LINDA S
931 W. OAK ST.
KISSIMMEE, FL 34741

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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 accept the obligations of registered agent.

SIGNATURE  DATE 4/3/08

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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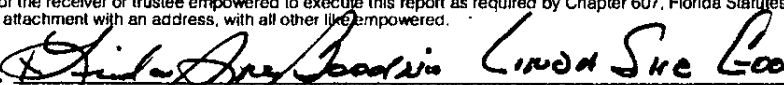
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS GOODWIN, LINDA SUE 1920 N EASY ST KISSIMMEE, FL 32741,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NICHOLS, WILLIAM C 1920 EASY STREET KISSIMMEE, FL 34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR BLACKMORE, CAROLEE 4286 SASHA TR SAINT CLOUD, FL 34772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC GOODWIN, KIMBERLEE A 4215 SETTLERS CT. SAINT CLOUD, FL 34772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/17/08-80044-007 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE  DATE 4/3/08 407-846-2787

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR