2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 349119

1. Entity Name
DAVID & GODDARD, INC.

60020655

Principal Place of Business	Mailing Address
1249 TALL PINES DR OSTEEN, FL 32764 US	1249 TALL PINES DR OSTENEN, FL 32764 US

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip	Country

02092006   Chg-P   CR2E034 (11/05)

4. FEI Number 59-1271319	Applied For
	Not Applicable

5. Certificate of Status Desired. ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GODDARD, CLAUDE H.JR. 1249 TALL PINES DR. OSTEEN, FL 32764	**Name** Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____

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

FILE NOW!!! FEE IS $150.00 **After May 1, 2006 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	GODDARD, CLAUDE H JR		NAME			
STREET ADDRESS	1249 TALL PINES DR.		STREET ADDRESS			
CITY-ST-ZIP	OSTEEN, FL		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

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: *Claude H. Goddard Jr.*   Claude H. Goddard Jr.   2-17-06   407-324-0260

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #