
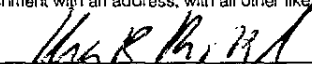


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 357365</b> 1. Entity Name <b>GODWIN'S GATORLAND, INC.</b>			
Principal Place of Business <b>14501 S. ORANGE BLOSSOM TRAIL ORLANDO, FL 32837-6632</b>		Mailing Address <b>14501 S. ORANGE BLOSSOM TRAIL ORLANDO, FL 32837-6632</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		 03082005 No Chg-P CR2E034 (10/03)	
		4. FEI Number <b>59-1280454</b> <input type="checkbox"/> (Applied For) <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>MCHUGH, MARK 14501 S. ORANGE BLOSSOM TRAIL ORLANDO, FL 32837-6632</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	PD	<b>DO NOT WRITE IN THIS SPACE</b>	
NAME	MCHUGH, MARK		
STREET ADDRESS	4650 OAK COVE LANE		
CITY - ST - ZIP	ORLANDO, FL 32806		
TITLE	D		
NAME	GODWIN, FRANK		
STREET ADDRESS	8605 S TROPICAL TR		
CITY - ST - ZIP	MERRITT ISLAND, FL 32952		
TITLE	D	<b>DO NOT WRITE IN THIS SPACE</b>	
NAME	GODWIN, NANCY		
STREET ADDRESS	22431 LAURELDALE DR		
CITY - ST - ZIP	LUTZ, FL 33549		
TITLE	D		
NAME	GENTRY, MARY LOU		
STREET ADDRESS	700 NEPTUNE ROAD		
CITY - ST - ZIP	KISSIMMEE, FL		
TITLE	D	<b>DO NOT WRITE IN THIS SPACE</b>	
NAME	GODWIN, JOANN		
STREET ADDRESS	8605 S TROPICAL TR		
CITY - ST - ZIP	MERRITT ISLAND, FL 32952		
TITLE	CD		
NAME	EXTER, SY		
STREET ADDRESS	7200 1/2 W OCEAN FRONT		
CITY - ST - ZIP	NEW PORT BEACH, CA 92663		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		3-31-05 4078555496	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	