


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 01, 2006 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>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/05)

4. FEI Number **59-1280454** 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	
<b>MCHUGH, MARK</b> <b>14501 S. ORANGE BLOSSOM TRAIL</b> <b>ORLANDO FL 32837-6632</b>		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCHUGH, MARK</b>	NAME	
STREET ADDRESS	<b>4650 OAK COVE LANE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32806</b>	CITY-ST-ZIP	<b>U00000452081</b>
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GODWIN, FRANK</b>	NAME	
STREET ADDRESS	<b>8605 S TROPICAL TR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MERRITT ISLAND FL 32952</b>	CITY-ST-ZIP	<b>03/11/06-80012-015 150.00</b>
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GODWIN, NANCY</b>	NAME	
STREET ADDRESS	<b>22431 LAURELDALE DR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>LUTZ FL 33549</b>	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GENTRY, MARY LOU</b>	NAME	
STREET ADDRESS	<b>700 NEPTUNE ROAD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>KISSIMEE FL</b>	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GODWIN, JOANN</b>	NAME	
STREET ADDRESS	<b>8605 S TROPICAL TR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MERRITT ISLAND FL 32952</b>	CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EXTER, SY</b>	NAME	
STREET ADDRESS	<b>7200 1/2 W OCEAN FRONT</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>NEW PORT BEACH CA 92663</b>	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2.21.06 407-855-5496