


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2007 08:00 AM
Secretary of State

DOCUMENT # 357365	
1. Entity Name GODWIN'S GATORLAND, INC.	

Principal Place of Business 14501 S. ORANGE BLOSSOM TRAIL ORLANDO FL 32837-6632	Mailing Address 14501 S. ORANGE BLOSSOM TRAIL ORLANDO FL 32837-6632
---	---



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1280454		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent	
MCHUGH, MARK 14501 S. ORANGE BLOSSOM TRAIL ORLANDO FL 32837-6632	

7. Name and Address of New Registered Agent	
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's signature required when transferring) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete
NAME	MCHUGH, MARK
STREET ADDRESS	4650 OAK COVE LANE
CITY-STATE-ZIP	ORLANDO FL 32806
TITLE	D <input type="checkbox"/> Delete
NAME	GODWIN, FRANK
STREET ADDRESS	8605 S TROPICAL TR
CITY-STATE-ZIP	MERRITT ISLAND FL 32952
TITLE	D <input type="checkbox"/> Delete
NAME	GODWIN, NANCY
STREET ADDRESS	22431 LAURELDALE DR
CITY-STATE-ZIP	LUTZ FL 33549
TITLE	D <input type="checkbox"/> Delete
NAME	GENTRY, MARY LOU
STREET ADDRESS	700 NEPTUNE ROAD
CITY-STATE-ZIP	KISSIMEE FL
TITLE	D <input type="checkbox"/> Delete
NAME	GODWIN, JOANN
STREET ADDRESS	8605 S TROPICAL TR
CITY-STATE-ZIP	MERRITT ISLAND FL 32952
TITLE	CD <input type="checkbox"/> Delete
NAME	EXTER, SY
STREET ADDRESS	7200 1/2 W OCEAN FRONT
CITY-STATE-ZIP	NEW PORT BEACH CA 92663

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000698927
STREET ADDRESS	04/19/07-80022-007 150.00
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-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: *Mark M. H.* **407-855-5496**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #