

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2008 08:00 A
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

1st MOORE

CR2E034 (10/07)

4. FEI Number

59-1280454

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MCHUGH, MARK
14501 S. ORANGE BLOSSOM TRAIL
ORLANDO FL 32837-6632

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 reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 ☐ Delete
NAME MCHUGH, MARK
STREET ADDRESS 4650 OAK COVE LANE
CITY-ST-ZIP ORLANDO FL 32806

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 000000850935

TITLE D ☐ Delete
NAME GODWIN, FRANK
STREET ADDRESS 8605 S TROPICAL TR
CITY-ST-ZIP MERRITT ISLAND FL 32952

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 03/25/08-80017-014 150.00

TITLE D ☐ Delete
NAME GODWIN, NANCY
STREET ADDRESS 22431 LAURELDALE DR
CITY-ST-ZIP LUTZ FL 33549

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME GENTRY, MARY LOU
STREET ADDRESS 700 NEPTUNE ROAD
CITY-ST-ZIP KISSIMMEE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME GODWIN, JOANN
STREET ADDRESS 8605 S TROPICAL TR
CITY-ST-ZIP MERRITT ISLAND FL 32952

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CD ☐ Delete
NAME EXTER, SY
STREET ADDRESS 7200 1/2 W OCEAN FRONT
CITY-ST-ZIP NEW PORT BEACH CA 92663

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

3/4/08

407-855-5496

Date

Telephone #