

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 14, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 547208**

1. Entity Name

GODFREY ELECTRIC, INC.



Principal Place of Business

1222 OMAR ROAD  
WEST PALM BEACH FL 33405

Mailing Address

1222 OMAR ROAD  
WEST PALM BEACH FL 33405



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1784195**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

GODFREY, JOSEPH C.  
1604 SEAWAY DR  
FORT PIERCE FL 34949

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

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, 2007 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

TITLE NAME	T GODFREY, JOSEPH C.	<input type="checkbox"/> Delete
STREET ADDRESS CITY-STATE-ZIP	1604 SEAWAY DR FORT PIERCE FL 34949	
TITLE NAME	SD GODFREY, ALBERT G., JR.	<input type="checkbox"/> Delete
STREET ADDRESS CITY-STATE-ZIP	54 MILESTONE WAY WEST PALM BEACH FL 33415	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-STATE-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-STATE-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-STATE-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-STATE-ZIP	U00000635245 02/23/07-80006-021 150.00
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:**

*Joseph C. Godfrey* **Joseph C. Godfrey** 2/08/07 561-833-3753  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #