


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # 603615 1. Entity Name CLAUDE O. GODWIN, D.D.S., P.A.																													
Principal Place of Business 2670 GARDEN STREET TITUSVILLE, FL 32796 US			Mailing Address PO BOX 6523 TITUSVILLE, FL 32782-6523 US																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc			3. Mailing Address Suite, Apt. #, etc																										
City & State			City & State																										
Zip		Country		Zip																									
Country		Country		4. FEI Number 59-1401764																									
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent GODWIN, CLAUDE O. 2670 GARDEN STREET TITUSVILLE, FL 32796				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																									
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 (Type or printed name of registered agent when ideal is applicable) (NOTE: Registered Agent signature is required when reinstating) 000000617473 02/07/07-80075-017 150.00																									
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees																										
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">PD</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GODWIN, CLAUDE O</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2670 GARDEN STREET</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>TITUSVILLE, FL 32796</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;"></td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	PD	<input type="checkbox"/> Delete	NAME	GODWIN, CLAUDE O		STREET ADDRESS	2670 GARDEN STREET		CITY- ST- ZIP	TITUSVILLE, FL 32796		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>DR Claude O. Godwin</u> 2/1/07 321-269083 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													