

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F59710**

1. Entity Name  
**GODWIN AND SINGER, INC.**



Principal Place of Business  
1415 BURLINGTON AVE. N.  
ST. PETERSBURG, FL 33705...

Mailing Address  
1415 BURLINGTON AVE. N.  
ST. PETERSBURG, FL 33705



01102004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2146146</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

TRIMM, LINDA  
1415 BURLINGTON AVE NO  
ST PETERSBURG, FL 33705

**DO NOT WRITE  
IN THIS SPACE**

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 renewing) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

100000099428  
04/31/04-80005-023 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	PSTD
NAME	TRIMM, STEVEN
STREET ADDRESS	1415 BURLINGTON AVE. N.
CITY-STATE-ZIP	ST PETERSBURG, FL
TITLE	V
NAME	TRIMM, LINDA
STREET ADDRESS	1415 BURLINGTON AVE. N.
CITY-STATE-ZIP	ST. PETERSBURG, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

*PA ck + 17648  
3-26-04*

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-04 727-896-8631  
Date Daytime Phone #