

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 20, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # F59710**

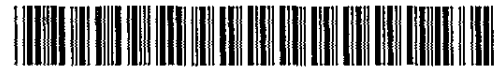
1. Entity Name  
**GODWIN AND SINGER, INC.**



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

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

1100000343544  
01/25/06-80028-006 150.00



01072006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2146146**

Applied For
Not Applicable

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

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

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

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 signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

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

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

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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 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: *Linda S. Trimm*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-12-06*  
Date

*727-896-8631*  
Daytime Phone #