2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # G65478

1. Entity Name

GODDARD AND SHELTON, INC.



Mailing Address

Principal Place of Business 35 TUPELO AVENUE, SE FT.WALTON BCH., FL 32548

35 TUPELO AVENUE, SE FT.WALTON BCH., FL 32548

FILED Mar 24, 2008 08:00 A Secretary of State



01072008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2344748

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Daytime Phone #

6. Name and Address of Current Registered Agent

SHELTON, EARL S 217 SHALIMAR DR SHALIMAR, FL 32579

SIGNATURE:

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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.					
OLONATA DE					
SIGNATURE Signature: typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS SHELTON, EARL SAMUEL 217 SHALIMAR, DRIVE SHALIMAR, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHELTON, EARL SAMUEL III 2161 BELLMEADE CIR NAVARRE, FL 32566				U00000868074 04/08/08-80097-004 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY - ST - ZIP				IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY+ST-ZIP					
TIFLE NAME STREET ADDRESS					
12. I hereby certify that the information supplied with this filling 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.					