

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # H02255**



1. Entity Name  
GOODWIN LUMBER COMPANY, INC.

Principal Place of Business  
106 S.W. 109 PLACE  
MICANOPY, FL 32667

Mailing Address  
106 S.W. 109 PLACE  
MICANOPY, FL 32667



01292008 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-2400033

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

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

GOODWIN, GEORGE  
106 S.W. 109 PLACE  
MICANOPY, FL 32667

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

000000299540

04/28/08-80043-009 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	GOODWIN, GEORGE E.
STREET ADDRESS	106 SW 109TH PL
CITY-ST-ZIP	MICANOPY, FL 32667
TITLE	ST
NAME	GOODWIN, CAROL M.
STREET ADDRESS	106 SW 109TH PL
CITY-ST-ZIP	MICANOPY, FL 32667
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Carol Goodwin* 2/25/08 352-466-0339