


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90134 011 ***150.00

DOCUMENT # J27585 1. Entity Name GODWIN AND ASSOCIATES, INC.																																					
Principal Place of Business 110 W. RICH AVE DELAND, FL 32720			Mailing Address PO BOX 639 PAISLEY, FL 32767																																		
2. Principal Place of Business - No P.O. Box # 24445 OLD DEER RD		3. Mailing Address Suite, Apt. #, etc. PAISLEY FL FL																																			
City & State 32767 LAKE		City & State PAISLEY		4. FEI Number 59-2706867																																	
Zip 32767		Country LAKE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/>																																	
6. Name and Address of Current Registered Agent GODWIN, CARROL E., II 220 S WOODLAND BLVD STE E DELAND, FL 32720			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 24445 OLD DEER RD PAISLEY FL 32767																																		
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 _____																																					
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																																		
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">Delete</td> </tr> <tr> <td></td> <td>P GODWIN, CARROL E</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>110 W RICH AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DELAND, FL 32720</td> <td></td> </tr> </table>			TITLE	NAME	Delete		P GODWIN, CARROL E	<input type="checkbox"/>	STREET ADDRESS	110 W RICH AVE		CITY-ST-ZIP	DELAND, FL 32720		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">Delete</td> <td style="width:10%;">Change</td> <td style="width:10%;">Addition</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Delete	Change	Addition			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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: 			Date: 3-28-07 Daytime Phone #: 386-561-0781																																		