

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90044 020 ***150.00



DOCUMENT # K08796
 1. Entity Name
BARRY GODIN INSURANCE AGENCY, INC.

Principal Place of Business
**708 N. STATE RD. 7
 HOLLYWOOD FL 33023**

Mailing Address
**5900 W. HALLANDALE BCH BLVD.
 HOLLYWOOD FL 33021**

2. Principal Place of Business
5900 W HALLANDALE BCH BLVD

3. Mailing Address
SAME AS ABOVE

Suite, Apt. #, etc.



MOORE CR2E034 (11/03)

City & State
HOLLYWOOD FL

City & State

4. FEI Number **65-0022773**

Applied For
 Not Applicable

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

Zip **33023** Country **BROWARD** Zip **CHANGE 33023** Country

6. Name and Address of Current Registered Agent
**GODIN, BARRY
 708 N. STATE RD. 7
 HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent
 Name **FLORA GODIN**
 Street Address (P.O. Box Number is Not Acceptable)
5900 W HALLANDALE BCH BLVD
 City **HOLLYWOOD FL** Zip Code **33023**

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 *Fl Flora Godin* **FLORA GODIN**
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, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GODIN, BARRY 5900 W. HALLANDALE BCH. BLVD. HOLLYWOOD FL 33023	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	FLORA GODIN 5900 W HALLANDALE BCH BLVD HOLLYWOOD FL 33023	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Fl Flora Godin* **FLORA GODIN** 3/5/04 954-962-2333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #