2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Jun 04, 2008 8:00 am
Secretary of State
06-04-2008 90257 018 ***139.00

DOCUMENT # L05000024556

1. Entity Name

GOODWIN CONSTRUCTION & TRIM, LLC

Principal Place of Business	Mailing Address
7222 WAVERLY STREET YOUNGSTOWN FL 32466	7222 WAVERLY STREET YOUNGSTOWN FL 32466

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
		Roger Goodwin	
Suite, Apt. #, etc.		Suite, Apt. #, etc: 7026 BuckShot LN	
City & State		City & State: Panama City Fl	
Zip	Country	Zip: 32404	Country: Bay

1st MOORE CR2E083 (10/07)

4. FEI Number 20-2455504 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GOODWIN, ROGER
7222 WAVERLY STREET
YOUNGSTOWN FL 32466

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GOODWIN, ROGER		NAME		
STREET ADDRESS	7222 WAVERLY STREET		STREET ADDRESS		
CITY-ST-ZIP	YOUNGSTOWN FL 32466		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE Roger Goodwin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #