

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L34558

FILED  
Mar 17, 2008  
Secretary of State

Entity Name: BARBARA GODWIN, INC.

**Current Principal Place of Business:**

2814 MUSKEGON WAY  
W PALM BEACH, FL 33411

**New Principal Place of Business:**

2814 MUSKEGON WAY  
WEST PALM BEACH, FL 33411

**Current Mailing Address:**

2814 MUSKEGON WAY  
W PALM BEACH, FL 33411

**New Mailing Address:**

FEI Number: 65-0163790      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GALLO, BARBARA  
2814 MUSKEGON WAY  
WEST PALM BCH., FL 33411      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PST      ( ) Delete  
Name: GALLO, BARBARA,  
Address: 2814 MUSKEGON WAY  
City-St-Zip: WEST PALM BCH., FL 33411

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA GALLO

PRES

03/17/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date