

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L34558

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Entity Name:** BARBARA GODWIN, INC.

**Current Principal Place of Business:**

2814 MUSKEGON WAY  
WEST PALM BEACH, FL 33411

**New Principal Place of Business:**

**Current Mailing Address:**

2814 MUSKEGON WAY  
WEST 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

**OFFICERS AND DIRECTORS:**

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

I hereby 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 all other like empowered.

SIGNATURE: BARBARA GALLO

PST

04/10/2012

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

\_\_\_\_\_  
Date