

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000001743

1. Entity Name
FLORIDIANS FOR GOOD GOVERNMENT, INC.



Principal Place of Business
**450 E. LAS OLAS BLVD., SUITE 700
FORT LAUDERDALE, FL 33301**

Mailing Address
**450 E. LAS OLAS BLVD., SUITE 700
FORT LAUDERDALE, FL 33301**



04252006 No Chg-NP CR2E037 (11/05)

4. FEI Number
43-2004191

☐ Applied For
☐ Not Applied

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WATKINS, NANCY H
610 S BOULEVARD
TAMPA, FL 33606**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

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	CD MCCAMY, WILL 1801 LEGION DRIVE WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HEWS, JOE 801 N OCEAN BLVD #710 POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD STONE, JOHN 5701 BAYVIEW DRIVE FORT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000562051
05/19/06-80039-018 61.25

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 617, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-06 4076440303
Date Daytime Phone #