


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90022 005 ***150.00

DOCUMENT # P00000032462	
1. Entity Name DUNCAN, GODFREY & ASSOCIATES, INC.	

Principal Place of Business 405 CENTRAL AVENUE SUITE # 202 SAINT PETERSBURG, FL 33701	Mailing Address 405 CENTRAL AVENUE SUITE # 202 SAINT PETERSBURG, FL 33701
---	---

04010946

2. Principal Place of Business 4554 Central Avenue	3. Mailing Address 4554 Central Avenue
Suite, Apt. #, etc. H	Suite, Apt. #, etc. H
City & State St. Petersburg, FL	City & State St. Petersburg, FL
Zip 33711	Zip 33711
Country U.S.A.	Country U.S.A.



02202004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent GODFREY, WILLIAM W 2841 EXECUTIVE DR., STE. 220 CLEARWATER, FL 33762	
7. Name and Address of New Registered Agent Name William W. Godfrey Street Address (P.O. Box Number is Not Acceptable) 4554 Central Avenue Suite H City St. Petersburg FL Zip Code 33711	

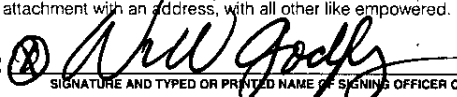
4. FEI Number 59-3637519	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	---	------------------------------------

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNCAN, CONNERY H 213 15TH AVE. N. ST. PETERSBURG, FL 33704 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GODFREY, WILLIAM W 2833 11TH ST. N. ST. PETERSBURG, FL 33704 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President William W. Godfrey 1705 Devonshire St. Petersburg, FL 33710 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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)(f), 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: 	Date 2/20/04 Daytime Phone # 727-327-5001