

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 29, 2006 8:00 am**  
**Secretary of State**

08-29-2006 90001 037 \*\*\*150.00

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08252006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P00000032462</b> 1. Entity Name DUNCAN, GODFREY & ASSOCIATES, INC.					
Principal Place of Business 4554 CENTRAL AVE. H SAINT PETERSBURG, FL 33711			Mailing Address 4554 CENTRAL AVE. H SAINT PETERSBURG, FL 33711		
2. Principal Place of Business <u>700 Central Avenue</u> Suite, Apt. #, etc. <u>#402</u>		3. Mailing Address <u>700 Central Avenue</u> Suite, Apt. #, etc. <u>#402</u>			
City & State <u>St. Petersburg, FL</u>		City & State <u>St. Petersburg, FL</u>			
Zip <u>33701</u>		Country <u>USA</u>		4. FEI Number <u>59-3637519</u>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent  GODFREY, WILLIAM W 4554 CENTRAL AVE. SAINT PETERSBURG, FL 33711			7. Name and Address of New Registered Agent Name <u>CONNERY H. DUNCAN</u> Street Address (P.O. Box Number is Not Acceptable) <u>700 Central Avenue</u> <u>Suite #402</u> City <u>St. Petersburg</u> FL <u>33701</u>		
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 <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u>CONNERY H. DUNCAN</u> <small>(NOTE: Registered Agent Signature required when reinstating)</small>		<u>8/24/06</u> <small>DATE</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
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		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 1705 DOVONSHIRE SAINT PETERSBURG, FL 33710		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	
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 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 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>CONNERY H. DUNCAN</u> <u>8/24/06</u> <u>(727)823-4860</u> <small>Date Daytime Phone</small>			