


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90173 003 \*\*\*150.00

|  |  |   |   |  |  |
|--|--|---|---|--|--|
| DOCUMENT # P00000047057  |  |   |   |                       |  |
| <b>1. Entity Name</b><br>GOODWIN'S LANDSCAPE & TREE SERVICE, INC.  |  |   |   |  |  |
| <b>Principal Place of Business</b><br>4215 DOVER DRIVE EAST<br>BRANDENTON, FL 34203  |  |   | <b>Mailing Address</b><br>4215 DOVER DRIVE EAST<br>BRANDENTON, FL 34203   |  |  |
| <b>2. Principal Place of Business</b><br>7006 229 <sup>th</sup> Street East<br>Suite, Apt. #, etc.   |  | <b>3. Mailing Address</b><br>7006 229 <sup>th</sup> Street East<br>Suite, Apt. #, etc.            |   |  |  |
| <b>City &amp; State</b><br>Bradenton, FL   |  | <b>City &amp; State</b><br>Bradenton, FL  |   | <b>4. FEI Number</b><br>65-1007919   |  |
| <b>Zip</b> 34211 <b>Country</b> Manatee  |  | <b>Zip</b> 34211 <b>Country</b> Manatee   |   | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b><br>GOODWIN, TIMOTHY J<br>4215 DOVER DRIVE EAST<br>BRANDENTON, FL 34203  |  |   | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>7006 229 <sup>th</sup> Street East<br>City <b>Bradenton</b> <b>FL</b> <b>Zip Code</b> 34211 |  |  |
| <b>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.</b>   |  |   |   |  |  |
| <b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) <b>DATE</b> _____  |  |   |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b>  |  | <b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   | VPT<br>GOODWIN, TIMOTHY J<br>4215 DOVER DRIVE EAST<br>BRANDENTON, FL 34203 |   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | VP/T<br>Goodwin, Timothy J.<br>7006 229 <sup>th</sup> Street East<br>Bradenton, FL 34211               |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   | PS<br>GOODWIN, ANGELA<br>4215 DOVER DRIVE EAST<br>BRANDENTON, FL 34203     |   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | P/S<br>Goodwin, Angela L.<br>7006 229 <sup>th</sup> Street East<br>Bradenton, FL 34211                 |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   | <input type="checkbox"/> Delete  |   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   | <input type="checkbox"/> Delete  |   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   | <input type="checkbox"/> Delete  |   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   | <input type="checkbox"/> Delete  |   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| <b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b> |  |   |   |  |  |
| <b>SIGNATURE:</b> <u>Angela L. Goodwin, Angela L. Goodwin</u> <u>4-23-05</u> <u>941-322-8788</u>   |  |   |   |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <span style="float: right;">Date Daytime Phone #</span>   |  |   |   |  |  |