


FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90295 037 ***150.00

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P0000050682			
1. Entity Name GODWIN HOMES, INC.			
Principal Place of Business 7151 S.W. 107TH WAY HAMPTON, FL 32044		Mailing Address 7151 S.W. 107TH WAY HAMPTON, FL 32044	
2. Principal Place of Business 7074 SW 107th WAY		3. Mailing Address 7074 SW 107th WAY	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State HAMPTON, FLORIDA		City & State HAMPTON, FLORIDA	
Zip 32044	Country USA	Zip 32044	Country USA
4. FEI Number 59-3648244		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GODWIN, MICHAEL R 7074 S.W. 107TH WAY HAMPTON, FL 32044		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____			
FILE NOW!! FEE IS \$150.00 After May 1, 2006 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	PD GODWIN, MICHAEL R 7074 SW 107TH WAY HAMPTON, FL 32044 <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	VD LEITNER, PHILIP 2206 N.W. 3RD PLACE GAINESVILLE, FL 32603 <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	D GODWIN, BETH 7074 SW 107TH WAY HAMPTON, FL 32044 <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
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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>Michael R. Godwin</u> Michael R. Godwin		Date: <u>4-28-06</u> 352-494-9079	

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