

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000081283

Entity Name: GODWIN INSURANCE AGENCY, INC.

FILED  
Mar 04, 2005  
Secretary of State

## Current Principal Place of Business:

217 ST JOE PLAZA ROAD  
PALM COAST, FL 32164

## New Principal Place of Business:

502 S WOODLAND BLVD  
DELAND, FL 32720

## Current Mailing Address:

217 ST JOE PLAZA ROAD  
PALM COAST, FL 32164

## New Mailing Address:

502 S WOODLAND BLVD  
DELAND, FL 32720

FEI Number: 59-3740414

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

GODWIN, KYM  
217 ST JOE PLAZA ROAD  
PALM COAST, FL 32164 US

## Name and Address of New Registered Agent:

GODWIN, KYM  
502 S WOODLAND BLVD  
DELAND, FL 32720 US

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.

SIGNATURE: KYM GODWIN

03/04/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: KYM, GODWIN  
Address: 1158 W NEW YORK AVE  
City-St-Zip: DELAND, FL 32720

Title: D ( ) Delete  
Name: SHERZER, MARVIN  
Address: 211 ARLINGTON LANE  
City-St-Zip: ORMOND BEACH, FL 32176

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: KYM, GODWIN  
Address: 2391 CHAPEL HILL DRIVE  
City-St-Zip: DELAND, FL 32720

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: O ( ) Change (X) Addition  
Name: GODWIN, MATTHEW D  
Address: 2391 CHAPEL HILL DRIVE  
City-St-Zip: DELAND, FL 32720

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KYM GODWIN

OWNE

03/04/2005

Electronic Signature of Signing Officer or Director

Date