

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000081283

FILED
Apr 24, 2006
Secretary of State

Entity Name: GODWIN INSURANCE AGENCY, INC.

Current Principal Place of Business:

502 S WOODLAND BLVD
DELAND, FL 32720

New Principal Place of Business:

Current Mailing Address:

502 S WOODLAND BLVD
DELAND, FL 32720

New Mailing Address:

FEI Number: 59-3740414

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: O (X) Change () Addition
Name: SHERZER, MARVIN
Address: 211 ARLINGTON LANE
City-St-Zip: ORMOND BEACH, FL 32176

Title: D (X) Change () 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 Chapter 119, 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

P

04/24/2006

Electronic Signature of Signing Officer or Director

Date