

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000008636

FILED  
Mar 05, 2008  
Secretary of State

Entity Name: GOVONI PROPERTIES AND INVESTMENTS, INC.

## Current Principal Place of Business:

117 E LAKE AVENUE  
SUITE A  
AUBURNDALE, FL 33823

## New Principal Place of Business:

117 E LAKE AVENUE  
SUITE C  
AUBURNDALE, FL 33823 US

## Current Mailing Address:

117 E LAKE AVENUE  
SUITE A  
AUBURNDALE, FL 33823

## New Mailing Address:

117 E LAKE AVENUE  
SUITE C  
AUBURNDALE, FL 33823 US

FEI Number: 06-1673346

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BRIAN R. GOVONI  
117 E LAKE AVENUE  
SUITE A  
AUBURNDALE, FL 33823 US

## Name and Address of New Registered Agent:

BRIAN R. GOVONI  
117 E LAKE AVENUE  
SUITE C  
AUBURNDALE, FL 33823 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: BRIAN R. GOVONI

03/05/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: GOVONI, JEAN E  
Address: 235 6TH STREET, NW - APT. 408  
City-St-Zip: WINTER HAVEN, FL 33881

Title: P ( ) Delete  
Name: BOUCHARD, GUY N  
Address: 11210 CRESCENT BAY BLVD.  
City-St-Zip: CLERMONT, FL 34711

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: NICHOLSON, AMANDA J  
Address: 387 TIVOLI CIRCLE  
City-St-Zip: DAVENPORT, FL 33837

Title: VP (X) Change ( ) Addition  
Name: NICHOLSON, DAVID E  
Address: 387 TIVOLI CIRCLE  
City-St-Zip: DAVENPORT, FL 33837

Title: D ( ) Change (X) Addition  
Name: GOVONI, JEAN E  
Address: 235 6TH STREET, NW - APT. 408  
City-St-Zip: WINTER HAVEN, FL 33881

I hereby certify that the information supplied with this filing does not qualify 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: AMANDA-JO NICHOLSON

P

03/05/2008

Electronic Signature of Signing Officer or Director

Date