

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000016278

FILED
Feb 07, 2007
Secretary of State

Entity Name: ROBERT & KATALIN GOODWIN P.A.

Current Principal Place of Business:

329 SUMMERSET DRIVE
JACKSONVILLE, FL 32259

New Principal Place of Business:

112 FOXCRAFT ST.
ST AUGUSTINE, FL 32092

Current Mailing Address:

329 SUMMERSET DRIVE
JACKSONVILLE, FL 32259

New Mailing Address:

112 FOXCRAFT ST.
ST AUGUSTINE, FL 32092

FEI Number: 30-0150119

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOODWIN, ROBERT M
329 SUMMERSET DRIVE
JACKSONVILLE, FL 32259 US

Name and Address of New Registered Agent:

GOODWIN, ROBERT M
112 FOXCRAFT ST.
ST AUGUSTINE, FL 32092 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: ROBERT GOODWIN

02/07/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: GOODWIN, ROBERT M
Address: 329 SUMMERSET DRIVE
City-St-Zip: JACKSONVILLE, FL 32259

Title: DVT () Delete
Name: GOODWIN, KATALIN
Address: 329 SUMMERSET DRIVE
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: GOODWIN, ROBERT M
Address: 112 FOXCRAFT ST.
City-St-Zip: ST AUGUSTINE, FL 32092

Title: DVT (X) Change () Addition
Name: GOODWIN, KATALIN
Address: 112 FOXCRAFT ST.
City-St-Zip: ST AUGUSTINE, FL 32092

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: ROBERT GOODWIN

DPS

02/07/2007

Electronic Signature of Signing Officer or Director

Date