


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90024 023 ***150.00

DOCUMENT # P03000109593	
1. Entity Name GOVIN AND ASSOCIATES, INC.	

Principal Place of Business 12 NE 19TH CT CAPE CORAL FL 33909	Mailing Address 12 NE 19TH CT CAPE CORAL FL 33909
---	---



2. Principal Place of Business 3118 SE 18th AVE	3. Mailing Address 3118 SE 18th AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State CAPE CORAL FL	City & State CAPE CORAL FL
Zip 33904	Country USA
Zip 33904	Country USA

4. FEI Number 45-0530361	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent GOVIN, ALBERT R 12659 NEW BRITTANY BLVD FT MYERS FL 33907	
---	--

7. Name and Address of New Registered Agent	
Name ALBERT R. GOVIN	
Street Address (P.O. Box Number is Not Acceptable) 3118 SE 18th AVE	
City CAPE CORAL	FL Zip Code 33904

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 <i>Albert R. Govin</i>	President ALBERT R. GOVIN Resident 2/13/06
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> Delete
NAME GOVIN, ALBERT R	
STREET ADDRESS 12 NE 19TH CT	
CITY-ST-ZIP CAPE CORAL FL 33909	
TITLE D	<input type="checkbox"/> Delete
NAME GOVIN, GREGORY A	
STREET ADDRESS 12 NE 19TH CT	
CITY-ST-ZIP CAPE CORAL FL 33909	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GOVIN, ALBERT R	
STREET ADDRESS 3118 SE 18th AVE	
CITY-ST-ZIP CAPE CORAL, FL 33904	
TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GOVIN, GREGORY	
STREET ADDRESS 3118 SE 18th AVE	
CITY-ST-ZIP CAPE CORAL, FL 33904	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Albert R. Govin</i>	President ALBERT R. GOVIN Resident 239910-2339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Date 2/13/06	Daytime Phone #