


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90048 020 ***150.00

DOCUMENT # P03000120101		
1. Entity Name GODWINS MASONRY, INC.		

Principal Place of Business 1149 SID HAYES RD JAY, FL 32565	Mailing Address 1149 SID HAYES RD JAY, FL 32565
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40050634



2. Principal Place of Business - No P.O. Box # 10414 Upper Creek Rd Suite, Apt. #, etc.	3. Mailing Address 10414 Upper Creek Rd Suite, Apt. #, etc.
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01172008 Chg-P CR2E034 (12/06)

City & State Brewton, AL	City & State Brewton, AL
Zip 36426	Country
Zip 36426	Country

4. FEI Number 20-0330193	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GODWIN, KAREN 1149 SID HAYES RD JAY, FL 32565	
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7. Name and Address of New Registered Agent Name L + L Bookkeeping Services Inc Street Address (P.O. Box Number is Not Acceptable) 5917 Quintette Rd City PALE FL Zip Code 32571	
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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>Karen S Godwin</i>	DATE: 2-27-08

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GODWIN, KAREN 1149 SID HAYES RD JAY, FL 32565	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Godwin Karen 10414 Upper Creek Rd Brewton, AL 36426
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V GODWIN, DOUGLAS 1149 SID HAYES RD JAY, FL 32565	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V Godwin, Douglas 10414 Upper Creek Rd Brewton, AL 36426
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>Karen S Godwin</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: 3-20-08 DAYTIME PHONE #: 850-675-5549