008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000128549

1. Entity Name

GREG GOODSON & ASSOCIATES INCORPORATED



FILED
Mar 13, 2008 08:00 A
Secretary of State

Principal Place of Business

1126 QUAIL CIRCLE DESTIN, FL 32541 Mailing Address

1126 QUAIL CIRCLE DESTIN, FL 32541



| D | O | N | O. | T | W | R | IT | Έ | IN | TH | IS | SI | PA | C | E |
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01172008 No Chg-P CR2E034 (11/05)

4. FEt Number | Applied For

4. FEI Number
20-0401073 Applied For
Not Applicable

5. Certificate of Status Desired Fee Required
Fee Required

6. Name and Address of Current Registered Agen

GOODSON, GREGORY B 1126 QUAIL CIRCLE DESTIN, FL 32541

DO NOT WRITE IN THIS SPACE

| 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.

Signature, typed or printed name of registered agent and title if applicable

(NOTE, Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 **9.** Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

| 10. | OFFICERS AND DIRECTORS | | | | | | | |
|---------------------------------------|--|--|--|--|--|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD GOODSON, GREGORY B 1126 QUAIL CIRCLE DESTIN, FL 32541 | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVD SELF, SHEILA 1126 QUAIL CIRCLE DESTIN, FL 32541 | | | | | | | |
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DO NOT WRITE IN THIS SPACE

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 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:

SUSNATURE AND TYPER OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-2008

850-650-1070

Daytime Phone