

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90131 017 ***150.00

DOCUMENT # P03000141520 1. Entity Name GODWIN & EVANS CONSTRUCTION, INC.	
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Principal Place of Business 1216 1410 NW 13TH STREET SUITE 6 GAINESVILLE, FL 32601	Mailing Address 1216 1410 NW 13TH STREET SUITE 6 GAINESVILLE, FL 32601 US
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DO NOT WRITE IN THIS SPACE

04202005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0422936	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

1216
GODWIN, MARVIN L
1410 NW 13TH STREET
SUITE 6
GAINESVILLE, FL 32601

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GODWIN, MARVIN L 1216 1410 NW 13TH STREET, SUITE 6 GAINESVILLE, FL 32601
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TRES EVANS, DONALD L 1216 1410 NW 13TH STREET, SUITE 6 GAINESVILLE, FL 32601
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC REED, SARAH E 1216 1410 NW 13TH STREET, SUITE 6 GAINESVILLE, FL 32601
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Marvin Godwin* **4-25-05** **352-374-6789**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #