## **2005 FOR PROFIT CORPORATION** ANNUAL REPORT

## Sep 06, 2005 8:00 am Secretary of State **DOCUMENT # P04000081222** 09-06-2005 90135 022 \*\*\*150.00 1. Entity Name DAVID S. GODNICK, INC. Principal Place of Business Mailing Address 50065030 111 NO POMPANO BEACH UNIT 306 111 NO POMPANO BEACH UNIT 306 POMPANO BEACH, FL 33062 POMPANO BEACH, FL 33062 2. Principal Place of Business 3. Mailing Address CT 2031NY 2031 NE 1474 Suite, Apt. #, etc 09012005 CR2E034 (10/03) City & State 20-City & State Applied For FTLAUDERDALE FTLAUDERDALE FL Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 304 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GODNICK S DAV19 GODNICK, DAVID S Street Address (P.O. Box Number is Not Acceptable) 111 N POMPANO BEACH UNIT 306 POMPANO BEACH, FL 33062 2031 NE 1472 City 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Added to Fees Due by September 7, 2005 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE Change Addition GODNICK DAVIDS NAME GODNICK, DAVID S NAME STREET ADORESS 111 N POMPANO BEACH UNIT 306 STREET ADDRESS 2031 NE 14721 33307 CITY-ST-7IP POMPANO BEACH, FL 33062 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 any 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 charged, or on an attachment with an address with all other like emplowered. SIGNATURE:

FILED



## DAVID S. GODNICK, INC. 2031 NE 14<sup>TH</sup> CT FORT LAUDERDALE, FL 33304

September 1<sup>st</sup>, 2005

Division of Corporations Annual Report Section P.O. Box 6327 Tallahassee, FL 32314

REF: DAVID S. GODNICK, INC.

DOCUMENT#: P04000081222

Dear Sir or Madam:

Please be advised that the above-mentioned corporation annual report was never received for timely submission.

Therefore, we are requesting that the delinquent fees be waived and that the corporation is allowed to submit a second annual report with the corresponding fee of \$ 150.00

Please advise.

Sincerely

Your cooperation is appreciated.

David S. Godnick