2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 18, 2005 8:00 am Secretary of State

DOCUMENT # P04000084585 1. Entity Name BRIAN GODSELL, INC.									03-18-2005	90043 05	50 ***150	0.00
Principal Plac	e of Busines	SS	Ма	iling Address			~					
340 80TH A	VE		340 80TH AVE						•			
SUITE I SUITE I SUITE I ST PETERSBURG BEACH, FL 33706 ST PETERSBURG BEACH, I						0700						
21 PETEKOR	UKG BEACH	I, FL 33706	21	PETERSBURG BEAC	H, FL 3.	3706		1 (88)(88) (n ayılı alalı pain aarıl a	T III i i i i i i i i i i i i i i i i i i i	I OR BATTAL ABITAL BA	IZ SI II (S'S)
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.			s	Suite, Apt. #, etc.				02082005	Cha-P	CRSEO	34 (10/03)	
							_#	20-	229367	3		
City & State			C	City & State			•	4. FEI Numb	Programme Tes	a	<u> </u>	plied For t Applicable
Zip	•	Country	Z	ip	Coun	trv		<u></u>	101 10		\$8.75 Add	
				~ -		,		5. Certificate	of Status Desired		Fee Require	
	6. Nam	e and Address of Cui	rrent Regist	ered Agent				7. Name and	weX to esemble b	Registered /	\gent	
OODOELL	201411					Name						
GODSELL, BRIAN 340 80TH AVE						Street Address (P.O. Box Number is Not Acceptable)						
SUITE I ST PETERSBURG BEACH, FL 33706												
			-			City		•		FI	Zip Code	<u> </u>
										FL	· ·	
		ty submits this stateme stered agent.	ent for the pu	urpose of changing its	registere	ed office or i	register	ed agent, or bo	oth, in the State of F	lorida, Lami	familiar with,	and accept
		ر. ان	:				-	a	, f			
SIGNATURE.	Signatura, type	r or crinted name of registered	ecent and title if	ennicable (NOT	F- Registere	ri Ament ekonenin	e recuired	when reinstation)*		- DATE		
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, 2005 Fee will be \$550.00 9. Election Campaign Financing												
10.		OFFICER\$	AND DIREC	TORS	11.			ADDITIONS	CHANGES TO OF	FICERS AND	DIRECTORS	3 IN 11
3JTIT	D			☐ Delete	TITLE	- P					Change	Addition
NAME CTOUTT ADDRESS	GODSELL, BRIAN SS 340 80TH AVE SUITE I					E						
						et address -st-zip						
TITLE	ST FETENSBORG BEACH, FL 33700										☐ Change	Addition
NAME				□ Delete	NAM	I .					Ctiquide	L. Addition
STREET ADDRESS	ļ					ET ADDRESS						
CITY-ST-ZIP					СПУ	-ST-ZIP						
TITLE				☐ Delete	Ш	Ε					Change	Addition
NAME		•			^ NAM	£ · -					-	-
STREET ADDRESS	ľ					ET AODRESS						
CITY-ST-ZIP					-1-	-ST-ZIP					— -:	
TITLE NAME				☐ Delete	ITILI Nam						Change	☐ Addition
STREET ADDRESS	Ì					ET ADDRESS						
CITY-ST-ZIP						-ST-ZIP						
TITLE				☐ Delete	TITLE	E					Change	Addition
NAME					NAM	E				•		
STREET ADDRESS	ļ			no.		ET ADDRESS				_		
CITY-ST-ZIP					CITY	-ST-ZIP		•	·		<u> </u>	
TITLE		4		☐ Delete ా∩∟	t. μπ			14			Change	☐ Addition
NAME STREET ADDRESS				6504	MAM p ite	ET ADORESS		•				
CITY-ST-ZIP					-	-ST-ZIP	٠.					
	certify that t	he information supplied	d with this fil	ing does not qualify fo			ed in Se	oction 119.07/3)(i). Florida Statute	s. I further cer	tify that the in	nformation
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 pither like impowered.												
010115	Sich Call of the same of the											
SIGNAT	UKE:S	1 run	JUGA	UN DI	<u>/I/I/</u>	يان)ي ر	シド		<u>.</u>	$\Delta l \Omega l_0$		